St. Peter School
4 YEAR OLD PRESCHOOL REGISTRATION
2010-2011

Office Use Only
Amount _____
Check # _____
Date _____

Name of Student: _____
Last First Middle

Date of Birth Gender Race/Ethnicity (see attachment)

_____ _____ _____

Parent Names: _____ Parish _____
Last Father Mother

Address: _____

City_____State_____ Zip Code_____

Home Phone # _____ Work Phone # _____ Cell Phone #_____

E-mail _____

A COPY OF BIRTH AND BAPTISMAL CERTIFICATES ARE REQUIRED AT REGISTRATION.

A HEALTH FORM IS REQUIRED AND DUE NO LATER THAN AUGUST 1st.

REGISTRATION FEE: $125 DUE AT REGISTRATION (non-refundable unless space is not available).

PLEASE SELECT SESSION ☐ Monday-Wednesday-Friday A.M. 8:30-11:05

☐ Tuesday-Thursday A.M. 8:30-11:05

Tuition Rates:

	Parishioner		Non-parishioner
3 day	$ 2,059	3 day	$ 2,209
2 day	$ 1,431	2 day	$ 1,582

Tuition Payment Options (please check one)

☐ **I will pay in full by August 1. (**A bill will be sent in July.)

☐ I will pay using the SMART Tuition Management Plan. I understand there is a $42 fee to use this program. I will use the 12-month plan: July 1-June 30 **or** the 10 month plan: July 1-April 30 (please circle one)

St. Peter School adheres to a non-discriminatory policy regarding admissions. Admissions policy #5117 (on back) will determine order of admission. In signing this registration form, my family understands this is a Catholic School and Church and agrees to abide by the policies, rules and regulations set by the Diocese of Rockford, St. Peter Parish, St. Peter School and the St. Peter Catholic Education Commission. **THIS ALSO INCLUDES FULFILLING ALL FINANCIAL OBLIGATIONS.**

Signature_____ Date_____