



SPES REGISTRATION FORM 2017-18

Saint Paul's Episcopal School does not discriminate on the basis of race, color, religion or national/ethnic origin.

Child's Name _____

Gender: M / F (circle one) Date of birth: ____ / ____ / ____ Age as of 9/1/2017: _____

CLASS DESIRED: ** Children ages 3 and up <u>must</u> be potty trained to attend St. Paul's Episcopal School. ** (check one)			
PreK 2 (2 years old by Sept. 1) <i>* half day program only available for PreK 2</i>	2-day (T/Th) half day*	\$250/month	
	3-day (M/W/F) half day*	\$350/month	
	5-day (M-F) half day*	\$500/month	
	2-day (T/Th) full day	\$375/month	
	3-day (M/W/F) full day	\$495/month	
	5-day (M-F) full day	\$725/month	
PreK 3 (3 years old by Sept. 1)	2-day (T/Th)	\$350/month	
	3-day (M/W/F)	\$475/month	
	5-day (M-F)	\$725/month	
PreK 4 (4 years old by Sept. 1)	3-day (M/W/F)	\$475/month	
	5-day (M-F)	\$725/month	
Transitional Kindergarten	3-day (M/W/F)	\$525/month	
	5-day (M-F)	\$775/month	

Additional programs desired: Early Drop-off (no charge) Aftercare (fee) 2-day 3-day 5-day

Primary Address _____ Member of St. Paul's? Yes No

City _____ Zip Code _____ Parent(s) Single Married Divorced

Home Phone _____ [Please note any alternate addresses on the back of this form.]

Student's primary residence is with Both Parents Mom Dad Grandparents Other: _____

Mom's name _____ Dad's name _____

Mom's cell _____ Dad's cell _____

Mom's email _____ Dad's email _____

Mom's occupation _____ Dad's occupation _____

Mom's employer _____ Dad's employer _____

Mom's work phone _____ Dad's work phone _____

Siblings attending St. Paul's (Name, Class) _____

Previous schools attended, if any (School name, ages attended) _____

To hold your child's spot, an annual,* non-refundable, non-transferable, registration fee of \$175 is due along with this completed form. An enrollment packet will be sent to you no later than May 1, 2017. To secure your child's spot in a class, the enrollment packet forms and required documents, along with payment of August tuition (1/2 of a month's tuition), must be received no later than July 15, 2017. Otherwise their spot will be released.

I HAVE READ AND UNDERSTAND THIS REGISTRATION FORM, AND CERTIFY THAT THE INFORMATION GIVEN IS COMPLETE AND ACCURATE. I UNDERSTAND THAT GIVING FALSE INFORMATION MAY RESULT IN WITHDRAWAL OF ADMISSION. I UNDERSTAND I AM RESPONSIBLE FOR UPDATING INFORMATION ON THIS FORM. I UNDERSTAND THAT THE REGISTRATION FEE IS NON-REFUNDABLE AND NON-TRANSFERABLE.

Signature _____ Date _____

Mail completed form and registration fee to: St. Paul's Episcopal School, 420 South Coit Road, Prosper, TX 75078. REV 1/17

Regis. Fee Pd. Date _____ Pd. To _____ Pd. by Cash _____ Check No. _____ (initials)	Dropped By Family _____ By SPES _____ Date	Wait Listed Date	Enrolled Date
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