



SPES REGISTRATION FORM 2020-21

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 9/1/2020: _____

CLASS DESIRED: ** Children ages 3 and up must be potty trained to attend Saint Paul's Episcopal School.** (check one)			
PreK 2 (2 years old by Sept. 1)	2-day (T/Th)	\$415/month	
	3-day (M/W/F)	\$540/month	
	5-day (M-F)	\$775/month	
PreK 3 (3 years old by Sept. 1)	2-day (T/Th)	\$400/month	
	3-day (M/W/F)	\$525/month	
	5-day (M-F)	\$775/month	
PreK 4 (4 years old by Sept. 1)	3-day (M/W/F)	\$525/month	
	5-day (M-F)	\$775/month	
Transitional Kindergarten	5-day (M-F)	\$825/month	

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

Primary Address _____ Member of Saint 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 Saint 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 \$275 is due along with this completed form. An enrollment packet will be sent to you no later than June 1, 2020. **To secure your child's spot in a class, the enrollment packet and required documents, along with payment of August tuition (1/2 of a month's tuition), must be received no later than July 15, 2020. 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: Saint Paul's Episcopal School, 420 South Coit Road, Prosper, TX 75078. REV 1/20

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