

# St. Peter Preschool

## Registration Checklist 2023-2024

### *To reserve a space in your child's classroom:*

\_\_\_\_\_ Your completed Application (pages 1 - 4)

\_\_\_\_\_ **Annual Registration Fee** (Registration fees are non-refundable)

Registration on or before March 31, 2023 - **\$300**

Registration after March 31, 2023 - **\$350**

### *To be admitted to the first day of classes:*

\_\_\_\_\_ An updated copy of your child's complete Immunization Record

\_\_\_\_\_ Medical Form completed by the child's physician.

\_\_\_\_\_ Completed Parent Handbook Agreement

\_\_\_\_\_ Authorized Student Pickup List

\_\_\_\_\_ Tuition Agreement

**Notice of Non-Discriminatory Policy:** St. Peter Preschool does not discriminate on the basis of gender, race, color, national or ethnic origin in the administration of our educational policies, employment practices, admission policies, scholarship and loan programs, and other school administered programs.

**Liability Notice:** Documentation of liability insurance that complies with Human Resources Code, Section 42.0491, is available in the office of the Church/School Administrator.

# St. Peter Preschool

## 2023-2024 Placement Guide

Please use the following indicators as a **guide** to choose your child's class. Your child may not meet each indicator, but he or she should demonstrate strengths in several areas of the indicators. If you have questions, please call, or meet with the director to discuss placement.

**Foundations Class (2's)** The Foundations class prepares students for structure, routine, and social play. The class introduces students to dramatic play, music, visual arts, literacy, and mathematics. Indicators of readiness for the Foundations class include:

- **Age:** 2 years old (by September 1 of the enrolled school year)
- **Language and Literacy:** follows simple requests; uses some words; may recognize a few letters in his or her name; shows interests in books; beginning scribbles.
- **Cognition and General Development:** matches similar objects; imitates actions; recognizes familiar people, objects, and animals in pictures.
- **Approaches to Learning:** sustains some interest in working on a task but cannot ignore distractions; enjoys exploration and investigation.

**Fundamentals Class (3's)** The Fundamentals class is centered on core knowledge instruction. The class continues to foster social play, dramatic play, music, and visual arts. Instruction in literacy, mathematics, and handwriting is structured, systematic, and individualized. Indicators of readiness for the Fundamentals class include:

- **Age:** 3 years old (by September 1 of the enrolled school year)
- **Language and Literacy:** follows two-step directions; understood by most people; can speak 4-6 word sentences; recognizes letters in his or her name and possibly a few other letters; begins writing letter like forms or mock letters
- **Cognition and General Development:** recalls familiar objects and can sequence experiences; classify in two or more groups; begins dramatic play.
- **Approaches to Learning:** sustains interest in working on a task and beginning to ignore most distractions; pursues a variety of tasks and an eagerness to learn; transitions from parallel play to associative play.
- **Mostly potty trained:** understands the concept of being potty trained but may still need some reminders and may still be prone to accidents.

**Pre-Kindergarten Class** The Pre-Kindergarten class is designed to ready students for the rigors and expectations of Kindergarten. Indicators of readiness for the Pre-Kindergarten class include:

- **Age:** 4 years old (by September 1 of the enrolled school year)
- **Language and Literacy:** begins to recognize rhyming words; shows awareness that some words begin the same way; recognizes as many as 10 letters; produces the correct sound for several letters.
- **Cognition and General Development:** uses more details in experiences; begins to apply experiences to new situations; begins to interact with other children during dramatic play.
- **Approaches to Learning:** sustains work on interesting tasks while ignoring most distractions; begins to use a variety of resources to find answers to questions.
- **Fully potty trained**

# St. Peter Preschool

15701 Cleveland Gibbs Rd.

Roanoke, TX 76262

Phone: (817) 491-2015

FAX: (817) 491-2022

Email: [jmurff@stpeterfw.org](mailto:jmurff@stpeterfw.org)

Website: [www.stpeterfw.org](http://www.stpeterfw.org)

FOR OFFICE USE ONLY (2023/2024)

Date registered \_\_\_\_\_

Starting date \_\_\_\_\_

\$ \_\_\_\_\_ CC/Check# \_\_\_\_\_

\$ \_\_\_\_\_ Cash Receipt \_\_\_\_\_

\$ \_\_\_\_\_ Applied to FACTS \_\_\_\_\_

\$ \_\_\_\_\_ Web \_\_\_\_\_

## Student Information

Applicant for admission to:  Foundations (2s)  Fundamentals (3s)  Pre-Kindergarten

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Nickname: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  Male  Female

## SIBLINGS

Names and Ages: \_\_\_\_\_

## FAMILY CHURCH MEMBERSHIP INFORMATION

Name of Church: \_\_\_\_\_ Denomination: \_\_\_\_\_

We are not members of a church.

Would you be interested in receiving information about St. Peter Church:  Yes  No

Is student baptized:  Yes  No Baptism date: \_\_\_\_\_

## ETHNIC ORIGIN

African American  Asian-American  Caucasian  East Indian  Middle Eastern  Native American

Hispanic/Latino  Pacific Islander  Other (please explain): \_\_\_\_\_

Is a language other than English spoken at home?  Yes  No If yes,  Occasionally  Often What language(s) \_\_\_\_\_

## STUDENT LIVES WITH (please check ALL that apply)

Father  Mother  Stepfather  Stepmother  Guardian  Other (please explain): \_\_\_\_\_

Please check ALL that apply (Please provide a copy of any court-ordered custody documents, when necessary):

Parents are separated  Parents are divorced

Father has custody  Mother has custody  Parents have joint custody  Guardian has custody

Father is remarried  Mother is remarried  Father is deceased  Mother is deceased

**Parent Signature:** \_\_\_\_\_

02/2023

Student Name: \_\_\_\_\_ Class: \_\_\_\_\_ Year: **2023/2024**

## Family Contact

Home address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Father  Stepfather  Other: \_\_\_\_\_  Mother  Stepmother  Other: \_\_\_\_\_

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Last Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

Work phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ E-mail: \_\_\_\_\_

(\*\*School communications are regularly sent via email)

(\*\*School communications are regularly sent via email)

May pick up child without special note  Yes  No

May pick up child without special note  Yes  No

Responsible for:  school related decisions

Responsible for:  school related decisions

school communications

school communications

financial bills

financial bills

## Emergency Contacts

In case Family contacts cannot be reached. **Must have at least two emergency contacts (NOT PARENTS).**

Emergency contact #1: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone : \_\_\_\_\_

May pick up without note. If so, DL #: \_\_\_\_\_ Vehicle License Plate #: \_\_\_\_\_

Emergency contact #2: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone : \_\_\_\_\_

May pick up without note. If so, DL #: \_\_\_\_\_ Vehicle License Plate #: \_\_\_\_\_

*Please write any additional emergency contacts and their information on a blank sheet of paper and attach it to this page.*

**Parent Signature:** \_\_\_\_\_

02/2023

Student Name: \_\_\_\_\_ Class: \_\_\_\_\_ Year: **2023/2024**

## **Emergency Medical Release**

In case of emergency, please take my child to: (Due to licensing regulations, please do not enter "nearest". We must have the actual name of the hospital and provider you prefer.)

Hospital Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

I, \_\_\_\_\_, authorize St. Peter Preschool to obtain emergency medical care for my child,  
(Parent / Guardian's Name)

\_\_\_\_\_, and/or to transport my child for emergency medical treatment.  Yes  No  
(Student's Name)

## **General Health Information**

- General health of student:  Poor  Fair  Good  Excellent

- Allergies?  No  Yes (If "yes", please explain), \_\_\_\_\_

- Physical disabilities or limitations: (*glasses, scoliosis, hearing, etc.*)?  No  Yes (If "yes", please explain), \_\_\_\_\_

- Is the student taking medication regularly?  No  Yes (If "yes", please explain), \_\_\_\_\_

- Has the student ever been dismissed or withdrawn from any school for any reason?  No  Yes (If "yes", please explain, including name and address of school) \_\_\_\_\_

- Does the student have any developmental delays?  No  Yes (If "yes", in what areas?), \_\_\_\_\_

- Does the student have any clinically diagnosed learning disabilities?  No  Yes (If "yes", please explain), \_\_\_\_\_

- Is your child potty trained?  No  Yes (If yes, what does your child say when they need to use the restroom?), \_\_\_\_\_

- Please use the space below for any other pertinent information about the applicant or family situation that would assist us in meeting our shared commitment to your child. \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_

Student Name: \_\_\_\_\_ Class: \_\_\_\_\_ Year: **2023/2024**

### **Program Selections**

**Foundations 2s (9am-12pm)** \_\_\_\_\_ **Foundations 2s (9am-2pm)** \_\_\_\_\_

Mon/Wed \_\_\_\_\_ Tues /Thurs \_\_\_\_\_ Mon-Thurs \_\_\_\_\_

**Fundamentals 3s (9am- 2pm)** \_\_\_\_\_ **Pre-K (9am- 2pm)** \_\_\_\_\_

Mon/Wed \_\_\_\_\_ Mon/Wed/Fri \_\_\_\_\_ Mon-Thurs \_\_\_\_\_

Tues/Thurs \_\_\_\_\_ Tues/Thurs/Fri \_\_\_\_\_ Mon-Fri \_\_\_\_\_

### **Nutrition**

You are responsible for your child's snacks and/or lunch. We are not responsible for its nutritional value or for meeting your child's daily food needs.

### **Publication Release**

Photographs and videos are taken on different occasions such as performances, holidays, outings, and special events. If you do not wish for your child's photo and name to appear, please send written notification to the school office no later than the first day your child attends class at St. Peter Preschool. Indicate which publications you prefer your child not to appear in.

### **Preschool Photos**

You may include my child on any Preschool photo collections, to include wall photos, slide shows, or special occasion crafts, preschool social media, classroom collections etc.  YES  NO

### **Water Activities Release**

My child may participate in water activities to include water table or sprinkler play.  YES  NO

### **Contractual Agreement**

**Must be signed by ALL individuals listed on page 2 who are responsible for school related decisions AND/OR financial bills.**

**We the undersigned:**

**I. Agree to fulfill all financial obligations.**

**A. Tuition and fees will be paid timely. Students with tuition in arrears may be withheld from class until payments are current.**

**B. In the event of withdrawal or dismissal, all tuition and fees paid to date are non-refundable and tuition will be charged through 30 days.**

**II. We have read and agree to abide by St. Peter Preschool's guidelines as outlined in the Student Handbook, which may be downloaded from the website.**

**III. I understand that all information listed above is honest and accurate as of the date listed below.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_ **Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

02/2023

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Website: [www.stpeterfw.org](http://www.stpeterfw.org)

<b>Registration Fees*</b> <b>(Due upon registration)</b>	
	<b>Preschool</b>
Before March 31, 2023	\$300
After March 31, 2023	\$350

<b>Tuition</b>				
<b>Class</b>	<b>M/W or T/TH</b>	<b>M/W/F or T/TH/F</b>	<b>Mon-Thurs</b>	<b>M-F</b>
<b>Foundations 2's</b>	Half - \$2000/yr. Full - \$3000/yr.	NA	Half- \$3700/yr. Full- \$5100/yr.	NA
<b>Fundamentals 3's</b>	\$3000/yr.	\$4100/yr.	\$5100/yr.	\$6100/yr.
<b>Pre-Kindergarten</b>	\$3000/yr.	\$4100/yr.	\$5100/yr.	\$6100/yr.

## ***Registration and Tuition Fees***

Subject to change without notice.

All tuition payments and registration fees are non-refundable.

Tuition and registration fees include school supplies and curriculum. Tuition does not include lunches, snacks, events, or other miscellaneous items.

## ***Tuition Payments and Discounts***

**All tuition payments will be paid through the online FACTS system.**

\* Please see Tuition Agreement

# St. Peter Preschool

## Handbook Agreement

I understand the Parent/Student Handbook is located at [www.stpeterfw.org](http://www.stpeterfw.org). I agree that I am responsible for understanding the information in the Handbook. Please contact the school office at 817-491-2015 with any questions.

I have read and understand the policies set forth in the St. Peter Preschool Handbook.

Child Name:

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Parents signature: \_\_\_\_\_ Date: \_\_\_\_\_



# St. Peter Preschool

## TUITION AGREEMENT

**St. Peter Preschool is a yearly tuition program. You may choose one of two options to pay the tuition as noted below.**

### **1. Tuition paid in full prior to the start of the school year.**

Tuition can be paid in full for the school year by August 1<sup>st</sup> of the current school year. You will receive a 5% discount on tuition paid in full. Tuition paid in full can be paid via check or the St. Peter website.

### **2. Tuition paid over 10 monthly payments.**

You may choose to pay tuition over 10 monthly payments. THE FIRST TUITION PAYMENT IS DUE NO LATER THAN AUGUST 1, 2023. The remaining tuition payments are due on the 1<sup>st</sup> of each month. THE LAST TUITION PAYMENT IS DUE MAY 1, 2024. Any payments made after the 10<sup>th</sup> of the month will incur a \$25.00 late fee. For further information regarding late or delinquent payments, please refer to the Parent/Student Handbook.

**All tuition payments will be paid through the online FACTS system.**

See website: <https://online.factsmgt.com/signin/3D24T>

**Refunds and Withdrawals:** There are no refunds or adjustments for absences, including but not limited to: illness, vacation, holidays, weather-related or health-related closings.

If you must withdraw your student at any time during the school year, a 30-day notice is required. Tuition will continue to be charged during the notice period.

ALL TUITION PAYMENTS AND REGISTRATION FEES ARE NON-REFUNDABLE, INCLUDING TUITION PAID IN FULL.

### **Discounts**

- Sibling discount – 5% off second siblings' yearly tuition
- Paid in full discount – 5% off the yearly tuition.
- Military discount – contact Director for more information (must be able to show military ID)

I agree to pay my child's tuition in full no later than May 1<sup>st</sup> of the current school year.

Student Name: \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

# St. Peter Preschool

## Authorized Student Pick-Up (2023-2024)

**Please print all information clearly.**

Child's Full Name \_\_\_\_\_ Birth date \_\_\_\_\_

Parent or Guardian's Names: \_\_\_\_\_

Business Phone: Mom: \_\_\_\_\_ Dad: \_\_\_\_\_

Cell Phone: Mom: \_\_\_\_\_ Dad: \_\_\_\_\_

Email: Mom: \_\_\_\_\_ Dad: \_\_\_\_\_

Driver's License# Mom: \_\_\_\_\_ Dad: \_\_\_\_\_

### Authorized Student Pick-Up Release:

I hereby authorize St. Peter Preschool to allow my child to leave the school with only the people listed below. All persons listed on the approved pick-up list must present a valid ID/Driver's License.

**Parent Signature:** \_\_\_\_\_

1. Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
ID/Driver's License: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
ID/Driver's License: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
ID/Driver's License: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

4. Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
ID/Driver's License: \_\_\_\_\_ Cell Phone: \_\_\_\_\_



MEDICAL FORM  
ST. PETER PRESCHOOL  
15701 CLEVELAND GIBBS ROAD  
ROANOKE, TX 76262

Health Care Professional Name: \_\_\_\_\_

Office Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Phone: (Include Area Code) \_\_\_\_\_

I have examined (Student's Name) \_\_\_\_\_  
and find him/her to be able to take part in the child-care program of St. Peter Preschool

With no exceptions

With the following exceptions: \_\_\_\_\_

(Required by Texas Dept. of State Health Services for children 4yrs. and up attending private or public school)

Hearing Screening \_\_\_\_\_

Vision Screening \_\_\_\_\_

\_\_\_\_\_  
Health Care Professional's Signature

\_\_\_\_\_  
Date

Must turn in **Up-to-date Immunization Records** by the first day of school.