

New Student Waiting List Application 2024-2025

Read and follow the instructions carefully!

Please complete the 2024-2025 Application and Payment forms, **using a PC** (please submit separate applications for siblings). After completing the forms, you will email them.

- Class Schedules & Fees page 2
- Application form page 3
- Payment form (required) page 4 (only one form is needed per family-combine sibling fees; credit cards only)
- To save the forms properly, you MUST select "print to PDF" on your PC. Please include your child's full name in the file name (i.e. John Smith's Application 24-25)
- Submit the application to Kim Cima at admissions@stpaulshouston.org.

**If you do not follow these steps, your form will be blank after emailing. If you have questions on how to save and/or email the file, please email or call Kim Cima.

Fees due with application:

• Non-refundable waiting list fee of \$35 per child

How the waiting list works:

We will place your child on the waiting list for your first preference of class. The waiting list is maintained throughout the school year and we will notify you if a place becomes available for your child. After February 1, 2025, we do not accept any new students from waiting lists.

- As required by the Texas Department of State Health Services, ALL students applying must have the proper immunizations to be enrolled at St. Paul's School.
- Students applying to Pre-Kindergarten and Kindergarten must submit a <u>Teacher Recommendation form</u>. This form is located on our website.
- All applications are subject to the approval of Joanna Brandt, Director of St. Paul's School.
- For questions concerning registration, you may contact the school office by phone at 713.528.6779 or by e-mail at <u>admissions@stpaulshouston.org</u>.

St. Paul's School Class Schedules & Fees | New Students 2024-2025 (Ages as of August 31, 2024)

AGE GROUPS AND SCHEDULE OPTIONS *Please note: choose BOTH Mon/Wed/Fri and Tues/Thurs options for 5 days (combine tuition fees) Tuition and fees are subject to change.			MONTHLY FEE	REGISTRATION FEE	ANNUAL FEE (Paid once in September; combines Supply, Insurance, Building & Security fees)
Age (as of August 31, 2024)	Days	Times	Tuition		
Younger Toddlers (12-18 months) Older Toddlers (19-23 months) Twos (24-30 months) Older Twos (Turning 3 Sept '24-January '25) Threes	Monday/ Wednesday/ Friday	9:00am - 2:30pm	\$540	\$135	\$320 Threes: \$400
Younger Toddlers (12-18 months) Older Toddlers (19 -23 months) Twos (24-30 months) Older Twos (Turning 3 Sept '24-January '25)	Tuesday/ Thursday	9:00am - 2:30pm	\$365	\$135	\$300 Threes: \$350
Older Twos (5 days) Threes (5 days)	Monday - Friday	9:00am - 2:30pm	\$810	\$135	\$450
Pre-K: Fours (5 days)	Monday - Friday	9:00am - 2:30pm	\$810	\$135	\$450
Kindergarten	Monday - Friday	9:00am - 2:30pm	\$870	\$135	\$450
EXTENDED CARE	DAYS	TIMES	TUITION		
Extended Day- AM	Monday, Tuesday, Wednesday, Thursday and/or Friday	7:30am - 9:00am	\$65 per month per day of the week (e.g., every Monday of the month = \$65)	*AM Extended day is an option, but space is limited.	
Extended Day- PM	Monday, Tuesday, Wednesday, Thursday and/or Friday	2:30pm - 4:00pm	\$65 per month per day of the week (e.g., every Monday of the month = \$65)	*PM Extended day is an option, but space is limited.	

Please note: Children enrolling in the Threes, Pre-kindergarten or Kindergarten program must be completely toilet trained before school begins.

**As required by the <u>DSHS</u>, ALL students must have the proper immunizations to be enrolled in St. Paul's School, unless a State exemption is provided. We appreciate your understanding.

Office use only:	Appl. Rec:	//	Reg. Fee: \$	Payment Type:	#

Class: _____ May Tuition: \$ _____

ST. PAUL'S SCHOOL -- APPLICATION FOR 2024-2025 (New Student - Waiting List)

Child's Information:

Full Name	Name Called	Gender M/F
Date of Birth	Age as of August 31, 2024 ye	ars &months

*As required by the Texas Department of State Health Services, ALL students must have the proper immunizations to be enrolled in St. Paul's School, unless a State exemption is provided. We appreciate your understanding!

Parent Information:

	Primary Contact (person to be contacted as needed on a daily basis)			Secondary Contact	
First & Last Name					
Address					
City & ZIP					
Cell/Work Phone	cell:	work:	cell:	work:	
E-mail					

Other Information:

Members of St. Paul's United Methodist Church?	Yes / No
Are you enrolling a sibling?	Yes / No
Have you been on the 2023-2024 waiting list?	Yes / No

Classes Available: (Mark 1st and 2nd choice; write BOTH to combine Mon/Wed/Fri and Tues/Thurs programs for Young Toddlers to Twos)

Age as of August 31, 2024	Mon/Wed/Fri	Tues/Thurs	Monday through Friday
Younger Toddlers (12-18 mos)			
Older Toddlers (19-23 mos)			
Twos (24-30 mos)			
Older Twos (2 turning 3 in Sept '24-January '25)			
Threes (MWF or TT)			
Threes (5 days)			
Pre-Kindergarten: Fours (5 days)			
Kindergarten (5 days)			

Please note: Children enrolling in the Threes, Pre-K or Kindergarten programs, must be completely toilet trained before school begins.

Please sign the following statement: I understand that the Waiting List fee (\$35) is non-refundable. If my child is enrolled, the remaining Registration fee (\$100) plus the May 2024 Tuition Deposit fee will be due at that time.

Signature:

Date: _____





Please complete one form per family. If applying for siblings, add each child's name to the form below.

PARENT/PAYOR INFORMA	<u>TION:</u>
Name:	
Address :	City/Zip:
Email:	Phone:
	written on the application) and Age Group:
	choose one; sibling fees may be combined):
Card Number:	Exp Date:CVV:
Cardholder's address (if dif	ferent):
Waiting List Fee: \$	Only the waiting list fee of \$35 is due at this time. If a space becomes available and your child is enrolled, the remaining Registration fee (\$100) + the May 2024 Tuition Deposit fee will be due at that time.
	permission to charge my chosen method of payment for the \$35 non-refundable ceipt of the Application Form.
	permission to charge my credit card for the remaining Registration fee (\$100) plus posit fee, if and when my child is enrolled.

Parent/Payor Type Signature: ______ Date: _____ Date: _____