

REGISTRATION INFORMATION 2008-2009 - New Students

Please read all information carefully! Incomplete applications will not be processed until completed.

To register: complete the Application Form and attach **two** (2) checks:

- Check #1 for the Application Fee: \$35 (**NON REFUNDABLE**)
 - Check #2 for the Processing Fee: \$100
and the last month's tuition (May 2009) +\$ _____ (see fee schedule)

- Total due with application form..... \$ _____ (for check #2)
(Check #2 will be returned to you if we are unable to place your child.)

MAIL your Application Form and the **TWO** checks by **Friday, February 15** to:

**St. Paul's School
5501 Main Street
Houston, TX 77004**

**Registration is by mail only. "Walk-in" Application Forms will not be accepted.
Applications will be processed in the order of receipt.**

- Notification of your child's enrollment status will be mailed on March 9, 2008.

If your child has been placed -

You will receive a confirmation notification. **Please note:** the Processing Fee and the May 2009 Tuition (check #2) will become non-refundable upon receipt of the confirmation notice. If you withdraw at anytime, the Processing Fee and the May 2009 Tuition are forfeited.

If no space is available -

We will place your child on a waiting list. Your check #2 will be returned at this time. The waiting list is maintained throughout the year. The registrar will call you if a place becomes available for your child.

- All applications are subject to the approval of Zane Ann Tigett, Director of St. Paul's School.
- If it becomes necessary to cancel your child's enrollment, please notify the school office as soon as possible.
- For questions concerning registration, you may contact the school office by phone (713-528-6779) or by e-mail (spschool@stpaulshouston.org).

St. Paul's School does not discriminate on the basis of race, religion, color, national and ethnic origin, gender, or disability.

CLASS SCHEDULES AND FEES - 2008-2009

(Ages as of September 1, 2008)

SCHEDULES			MONTHLY	ANNUAL FEES				
Age	Days	Times	Tuition	Application*	Processing*	Supply	Insurance	Building
Infants (6 mos-12 mos) - Cl. 1MW	Monday/Wednesday	9:30am-2:30pm	\$260	\$35	\$100	\$75	\$35	\$100
Infants (6 mos-12 mos) - Cl. 1TT	Tuesday/Thursday	9:30am-2:30pm	\$260	\$35	\$100	\$75	\$35	\$100
Toddlers (12 mos-18 mos) - Cl. 2MWF Toddlers (19 mos-23 mos) - Cl. 3MWF Twos (24 mos-30 mos) - Cl. 4MWF	Monday/Wednesday/Friday	9:30am -2:30pm	\$375	\$35	\$100	\$100	\$35	\$100
Toddlers (12 mos-18 mos) - Cl. 2TT Toddlers (19 mos-23 mos) - Cl. 3TT Twos (24 mos-30 mos) - Cl. 4TT	Tuesday/Thursday	9:30am-2:30pm	\$250	\$35	\$100	\$75	\$35	\$100
Older Twos (Turning 3 in July through January) - Cl. 5MWF	Monday/Wednesday/Friday	9:30am -2:30pm	\$375	\$35	\$100	\$100	\$35	\$100
Older Twos (Turning 3 in July through January) - Cl. 5TT	Tuesday/Thursday	9:30am-2:30pm	\$250	\$35	\$100	\$75	\$35	\$100
Threes - Cl. 6MWF	Monday/Wednesday/Friday	9:30am -2:30pm	\$375	\$35	\$100	\$175	\$35	\$100
Threes - Cl. 6TT	Tuesday/Thursday	9:30am-2:30pm	\$250	\$35	\$100	\$140	\$35	\$100
Threes/Fours - Cl. 8	Monday-Friday	9:30am-2:30pm	\$550	\$35	\$100	\$215	\$35	\$100
Fours/Fives (Pre-K) - Cl. 7-1	Monday/Wednesday/Friday AND Tuesday/Thursday	9:30-12:00noon 9:30am-2:30pm	\$440	\$35	\$100	\$190	\$35	\$100
Fours/Fives (Pre-K) - Cl. 7-2	Monday-Friday	9:30am-2:30pm	\$550	\$35	\$100	\$215	\$35	\$100
Kindergarten - Cl. 9	Monday-Friday	9:30am-2:30pm	\$595	\$35	\$100	\$225	\$35.00	\$100
Extended Day- AM (for Cl. 2 - 9 children) (Sign up in August)	Monday, Tuesday, Wednesday, Thursday and/or Friday	8:00am-9:30am	\$35 per month for one morning each week	N/A	N/A	N/A	N/A	N/A
Extended Day- PM (for Cl. 2- 9 children) (Sign up in August)	Monday, Tuesday, Wednesday, Thursday and/or Friday	2:30pm-4:00pm	\$35 per month for one afternoon each week	N/A	N/A	N/A	N/A	N/A

* Due with Application.

Note: For classes 6, 7, 8, and 9 children must be completely toilet trained by the first day of school.

Office use only: Appl. Rec: ___ / ___ / ___

Appl. Fee / Check: # _____

Proc. Fee _____

Class: _____

May Tuition: _____

ST. PAUL'S SCHOOL -- APPLICATION FOR 2008-2009
(New Students)

Child's Information:

Full Name		Name Called	Male / Female
Date of Birth		Age as of September 1, 2008	_____ years & _____ months

Parent Information:

	Mother	Father
First & Last Name		
Address		
City & ZIP		
Home Phone		
Cell/Work Phone	cell: _____ work: _____	cell: _____ work: _____
E-mail		

Other Information:

Members of St. Paul's United Methodist Church?	Yes / No
Member of another church?	Yes / No Name of Church: _____

Classes Available: (Indicate first and second preference)

	Mon/Wed/Fri	Tues/Thurs	Mon thru Fri
Infants (Cl. 1) -- (note: no Friday for infants)			
Younger Toddlers (Cl. 2)			
Older Toddlers (Cl. 3)			
Twos (Cl. 4)			
Older Twos (Cl. 5)			
Threes (Cl. 6)			
Threes/Fours (Cl. 8)			
Pre-Kindergarten (short) (Cl. 7-1)			
Pre-Kindergarten (long) (Cl. 7-2)			
Kindergarten (Cl. 9)			
Extended Day AM / PM - Sign up in August			

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

Please turn over more registration information.....

The following information is for the use of the office staff and will be kept strictly confidential.

Does your child have any special needs or are there any concerns you might have? Please check any that may apply:

- | | |
|--|---|
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Hospitalizations |
| <input type="checkbox"/> Foods: _____ | <input type="checkbox"/> Language/Speech |
| <input type="checkbox"/> Medicine: _____ | <input type="checkbox"/> Medication |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Motor Development |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Social Development |
| <input type="checkbox"/> Disabilities | <input type="checkbox"/> Separation Issues |
| <input type="checkbox"/> Discipline Issues | <input type="checkbox"/> Serious Injuries |
| <input type="checkbox"/> Emotional Issues | <input type="checkbox"/> Toilet Training |
| <input type="checkbox"/> Existing Illnesses/Previous Illnesses | <input type="checkbox"/> Vision |
| <input type="checkbox"/> Hearing | <input type="checkbox"/> Other |

Please explain: _____

Please sign the following statement:

I understand that the Processing Fee (\$100) and the May 2009 Tuition are NOT REFUNDABLE and cannot be applied to a sibling's tuition.

Signature: _____

Date: _____