Child's name:					
	Last			First	
Date of Birth:	Gender:				
Mother's name:	Last			First	
				FIISt	
Father's name:	Last			First	
Address:			_ City: _		
Zip code:	_ School:	RGS	SGS	Other	
Email address:					
Mother's cell phone:		Father's cell p	ohone:		
Home phone:					
of registration and \$75 • Copy of notarized birt	(pay in full at tl 5 on or before / h certificate (ne l examination a	ne time of regis August 1) ew students on Ind immunizatio	tration or i ly) on record (	in 2 installments: \$75 at the time (new students only). New student	
For office use only: Registration fee payment 1: _ Registration fee payment 2: _ Birth certificate received:		Date Receiv	ed:	Check#	
Age/Grade: # Days _ Tuition amount: 5% multiple children discount		_ _5% pay-in-full	discount?		

# St. Peter's Preschool Enrollment Form 2024-2025

(Please print clearly)

# 3/4-year-old preschool program -- please check preferred days: Program meets 9:00am - 11:30am

Program	Monday	Tuesday	Wednesday	Thursday	Friday
2-day					
3-day					
4-day					
5-day					

4/5-year old preschool program -- please check preferred days: Program meets 8:45am - 11:15am

Program	Monday	Tuesday	Wednesday	Thursday	Friday
2-day					
3-day					
4-day					
5-day					

## Tuition:

Program	Registration	Tuition	Tuition, if paid in full (5% discount)	Monthly payment
2-day	\$150	\$1,260	\$1,197.00	\$140
3-day	\$150	\$1,845	\$1,752.75	\$205
4-day	\$150	\$2,430	\$2,308.50	\$270
5-day	\$150	\$3,015	\$2,864.25	\$335

## **Payment Information**

Annual tuition paid in full (single payment) is eligible for a 5% discount, as noted above. Otherwise, monthly payments are paid in 9 installments, due on the 1st of the month, September through May. Families with multiple children in the preschool program also receive a 5% discount.

Please drop off or mail forms and payments to: St. Peter's Preschool 2118 Main Street Spring Grove, IL 60081

## Empowering God's Children

The Diocese of Rockford will offer preschool families access to a program titled *Empowering God's Children*. Teachers will distribute the lesson in October. Do you agree to instruct your child/children in the program? \_\_\_\_\_Yes \_\_\_\_No

If you have questions regarding our preschool or enrollment, please call the office at 815-675-2288.

I HAVE READ AND UNDERSTAND ENROLLMENT INFORMATION:

Signature \_\_\_\_\_