



ST. PETER CATHOLIC SCHOOL
 A COOPERATIVE ENDEAVOR WITH ST. PETER CATHOLIC CHURCH
 124 First Street P.O. Box 827 Monument, CO 80132
 Phone: 719 481-1855
 Fax: 719-955-0509

PRESCHOOL
APPLICATION FOR ENROLLMENT 2008-2009
A NON-REFUNDABLE REGISTRATION FEE OF \$100 AND
HALF OF MAY'S TUITION MUST ACCOMPANY THIS APPLICATION.

Child's Name _____ Nickname _____
 Date of Birth _____ Age _____ Sex _____
 Home Address _____
 _____ Phone _____

Father or Guardian's Name _____
 Address (if different from child's) _____
 Phone: Home _____ Cell _____ Work _____
 E-mail address: _____

Mother or Guardian's Name _____
 Address (if different from child's) _____
 Phone: Home _____ Cell _____ Work _____
 E-mail address: _____

PLEASE CHECK THE CLASS YOU WISH TO ENROLL YOUR CHILD.

3-4 years old classes (all children must turn 3 by September 15 and be toilet trained)

_____ Monday & Wednesday & optional Friday 8:45 a.m. - 11:45 a.m.
 _____ check if you want Friday
OR
 _____ Tuesday & Thursday, 8:45 a.m. - 11:45 a.m.

4 year old class

_____ Monday, Wednesday & Friday, 8:45 a.m. - 11:45 a.m.
 _____ Monday, Wednesday & Friday, 12:15 p.m. - 3:00 p.m.

Pre-K 4/5 class (older 4's; young 5's)

_____ Monday, Tuesday, Wednesday & Thursday; 8:45 - 11:45 a.m.
(child must turn 5 by December 31)

Full Day Program for 4's & 5's 8:45 a.m. - 3:00 p.m.

_____ Monday - Friday _____ Monday - Thursday _____ Monday/Wednesday/Friday

 I understand that the registration fee and half month tuition is non-refundable.

 Signature Date

Schedule is subject to change if classes do not fill.