

**ST. PETER'S LUTHERAN SCHOOL
PREKINDERGARTEN REGISTRATION 2024-2025**

www.stpetersreedsburg.com

CHILD'S NAME: Last _____ First _____ Middle _____

BIRTHDATE _____ **BAPTISM DATE** _____ **MALE / FEMALE**

Name Last / First
FATHER (Step-Father)

Name Last / First
MOTHER (Step-Mother)

LEGAL CUSTODIAN

(Primary Address)

(Public School District – Based on Address)

Fathers Phone Number

Email Address

Mothers Phone Number

Email Address

If a parent address is different than listed above, please provide the following:

Name Last / First

Address

Phone Number

Email Address

Are your family members of St. Peter's Lutheran Church? ___ YES ___ NO Other Church Affiliation _____

___ Please check if you would like more information about St. Peter's Lutheran Church

If divorced or separated, please complete

Legal custody: joint father mother other _____ Student lives with: father mother other _____

Please select the class you wish to register for in order of preference.

3 YEAR OLD PRE-KINDERGARTEN—MUST BE 3 YEARS OLD BEFORE SEPTEMBER 1, 2024, and toilet trained.
CLASSES MEET FROM 8:00 AM-10:00 AM

_____ MONDAY & WEDNESDAY

_____ TUESDAY & THURSDAY

_____ AVAILABLE FOR EITHER OPTION

4 YEAR OLD PRE-KINDERGARTEN – MUST BE 4 YEARS OLD BEFORE SEPTEMBER 1, 2024, and toilet trained.
CLASSES MEET MONDAY-THURSDAY, AND THE SECOND FRIDAY OF EACH MONTH

_____ MORNING -8:00 AM – 11:15 AM _____ AFTERNOON - 12:00 PM-3:15 PM _____ AVAILABLE FOR EITHER
OPTION

Please return the completed Registration Form along with \$50.00 initial payment. (non-refundable)

Notification will be sent as to what class your child has been placed. New families may be asked to meet with staff prior to class placement. Every effort will be given to place your child into your first choice.

Please be sure to complete the backside of this application. Thank you

St. Peter's Lutheran School admits students of any race, color, sex, or national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, sex, or national and ethnic origin in the administration of the educational policies, admission policies, and other school administered programs. In the event that classroom space must limit enrollment, preference may be given to members of St. Peter's Lutheran Congregation.

OFFICE USE: Received: Date _____ Time: _____ Payment Received: \$ _____

St. Peter's Lutheran School - Financial Agreement – 2024-2025

3-Year-Old Pre-Kindergarten

_____ Monday & Wednesday 8:00 – 10:00 a.m.
 _____ Tuesday & Thursday 8:00 – 10:00 a.m.

4-Year-Old Pre-Kindergarten

_____ Monday – Thursday 8:00 a.m. – 11:15 a.m.
 _____ Monday – Thursday 12:00 p.m. – 3:15 p.m.

_____ Class Tuition
 _____ \$50.00 Initial Payment (non-refundable)
 _____ Balance Due

2024 – 2025	Tuition Fee	September - May
3 Year Old Kindergarten		
Member Rate	\$1,050.00 per year	\$116.67 per month
Non-Member Rate	\$1,140.00 per year	\$126.67 per month
4 Year Old Kindergarten		
Member Rate	\$1,665.00 per year	\$185.00 per month
Non-Member Rate	\$1,890.00 per year	\$210.00 per month

I acknowledge responsibility for the above Pre-Kindergarten tuition fees. Statements will be emailed the first of each month with payment due by the 10th of the month. Payments may be made at the school office or online at MyProcure.com. Prepayments are acceptable. I further understand that all tuition must be paid in full by May 15, 2025.

Signature of Parent/Guardian

Date