St. Paul's UMC Preschool
135 Methodist Encampment Road
Kerrville, TX 78028
www.spumctx.org

ENROLLMENT FORM

Child's Full Name: _____ **Name called:** _____

DOB _____ **M ( ) F ( )** **Age as of September 1st** _____

All students MUST have a signed document from their pediatrician stating they may participate in our program. (This is a requirement from the Texas Department of Family and Protective Services).

Parent/Guardian Names: _____ Home Phone: _____

Mailing Address: _____

City & Zip Code: _____

Family Email: _____

Mother's Occupation: _____ Work Phone #: _____

Father's Occupation: _____ Work Phone #: _____

Mother's Cell #: _____ Father's Cell #: _____

PRESCHOOL/PREKINDERGARTEN PROGRAM:
2 & 3 year olds and Pre-Kindergarten
Mondays, Wednesdays & Fridays – 9:00 am to 12:30 pm.
Over 2 MUST be potty trained by 9/1

REGISTRATION and SUPPLY FEES: $70.00 a year / $35.00 a semester

Monthly TUITION Fee: $180.00

I have agreed to the NON-REFUNDABLE registration and monthly tuition fees charged by St. Paul's Preschool. I understand that St. Paul's Preschool follows the KISD schedule, but classes start the week AFTER KISD starts and close a week BEFORE KISD closes. The Director may cancel classes for inclement weather according to KISD decisions or other circumstances at her discretion. I agree to have my child and my family included in class lists, which may be distributed to the parents of fellow classmates. I acknowledge that the school Operating Policies can be found on the St. Paul's website.

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

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OFFICE ONLY Date form rec'd_____ **Class registered**_____ **Reg fee**_____ **Ck#**_____