

Office Use Only: Registration #: \_\_\_\_\_

Family Points #: \_\_\_\_\_

Waiting List #: \_\_\_\_\_

**St. Peter's Episcopal School**  
**3695 Rogers Avenue**  
**Ellicott City, MD 21043**

**2011-2012 Registration Form**

*Please Print Clearly*

**Child's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
(See attached age eligibility dates)

**Gender:** \_\_\_\_\_ Male \_\_\_\_\_ Female

**Class Choice :** \_\_\_\_\_ 2-year-old \_\_\_\_\_ 2-3yo mixed age \_\_\_\_\_ 3-year-old  
\_\_\_\_\_ 3-year extended day \_\_\_\_\_ 4-year old \_\_\_\_\_ 4-year extended day

**E-mail Address:** \_\_\_\_\_  
(We will notify you of your child's acceptance by email. Check here if you prefer to be notified by telephone \_\_\_\_)

**Telephone Number:** Home: \_\_\_\_\_ Work or Cell: \_\_\_\_\_  
Circle: Mom or Dad

**Address:** \_\_\_\_\_  
(number, street, apartment)  
\_\_\_\_\_  
(City, State, Zip Code)

**Mother's Name:** \_\_\_\_\_ **Father's Name:** \_\_\_\_\_

**Are you a parishioner of St. Peter's Episcopal Church?**                      **Y**                      **N**

**Have you had children enrolled at St. Peter's in the past?**                      **Y**                      **N**

**If yes, please list names and years attended:** \_\_\_\_\_

**I have read and accepted the registration fee and 3 month tuition prepayment schedule for St. Peter's Episcopal School. These payments are non-refundable.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Office Use Only	Family point total: _____
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Reg. Fee Paid: _____ Check #: _____
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