

ST. FRANCIS EPISCOPAL SCHOOL  
5001 HICKORY ROAD  
TEMPLE, TEXAS 76502  
REGISTRATION APPLICATION 2010 - 2011

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

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

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Father's Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mother's Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Siblings: (Names & Ages) : \_\_\_\_\_  
: \_\_\_\_\_

Others authorized to pick up my child:

\_\_\_\_\_ Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

List any special problems that your child may have, such as allergies, existing illness, previous serious illness, injuries during the past months, any medication prescribed for long term use, or any information that staff should be aware of: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Registration:** Registration must accompany application and will not be refunded under any circumstances. Tuition fees quoted for the current school year are guaranteed for the full academic year. Thirty days written notice is required for withdrawal.

**Documents:** The following documents are necessary to complete registration:

1) *Emergency Form*; 2) *Immunization Record*

I affirm that the above information is true and complete and I understand registration is not complete until all records and deposits have been received by the school. I also understand I will notify the school of any changes in the above information.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date (Date of Enrollment)

<b>REGISTRATION: \$200/Preschool Classes \$250/Kindergarten</b>	<b><u>TUITION PAYABLE – JUNE THROUGH MAY</u></b>
<b>Tuition (12 payments):</b>	
_____ \$205 -- 3's TWTh	_____ Lunch Bunch (Registration \$20)
_____ \$240 -- 3's M-F	_____ (\$8/day permanent; \$10/day drop-in)
_____ \$205 -- 4's MWF	_____ Early Birds (\$6/per day)
_____ \$240 -- 4's M-F	
_____ \$265 -- Kindergarten	