



St. Peter School

15701 Cleveland Gibbs Rd.

Roanoke, TX 76262

Phone: (817) 491-2015

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Email: jmurff@stpeterfw.org

Website: www.stpeterspartans.org

FOR OFFICE USE ONLY (2025/2026)

Date registered _____

Starting date _____

\$ _____ CC/Check# _____

\$ _____ Cash Receipt _____

\$ _____ Applied to FACTS _____

Student Information

Applicant for admission to: Foundations (2s) Fundamentals (3s) Pre-Kindergarten

First Name: _____ Middle: _____ Last: _____

Nickname: _____ Date of Birth: _____ Male Female

SIBLINGS

Names and Ages: _____

FAMILY CHURCH MEMBERSHIP INFORMATION

Name of Church: _____ Denomination: _____

We are not members of a church.

Would you be interested in receiving information about St. Peter Church: Yes No

Is student baptized: Yes No Baptism date: _____

ETHNIC ORIGIN

African American Asian American Caucasian East Indian Middle Eastern Native American

Hispanic/Latino Pacific Islander Other (please explain): _____

Is a language other than English spoken at home? Yes No If yes, Occasionally Often What language(s)? _____

STUDENT LIVES WITH (please check ALL that apply)

Father Mother Stepfather Stepmother Guardian Other (please explain): _____

Please check ALL that apply (Please provide a copy of any court-ordered custody documents, when necessary):

Parents are separated Parents are divorced

Father has custody Mother has custody Parents have joint custody Guardian has custody

Father is remarried Mother is remarried Father is deceased Mother is deceased

Parent Signature: _____

Student Name: _____ Class: _____ Year: **2025/2026**

Family Contact

Home address: _____

City: _____ State: _____ Zip: _____ Home Phone: _____

Father Stepfather Other: _____ Mother Stepmother Other: _____

First Name: _____ MI: _____ First Name: _____ MI: _____

Last Name: _____ Last Name: _____

Employer: _____ Employer: _____

Work phone: _____ Work phone: _____

Cell phone: _____ Cell phone: _____

E-mail: _____ E-mail: _____

(**School communications are regularly sent via email)

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May pick up child without special note: Yes No

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Responsible for: School related decisions
 School communications
 Financial bills

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Emergency Contacts

In case Family contacts cannot be reached. **Must have at least two emergency contacts (NOT PARENTS).**

Emergency contact #1: _____ Relationship to student: _____

Address: _____ City: _____ State: _____

Home phone: _____ Work phone: _____ Cell phone: _____

May pick up without note. If so, DL #: _____ Vehicle License Plate #: _____

Emergency contact #2: _____ Relationship to student: _____

Address: _____ City: _____ State: _____

Home phone: _____ Work phone: _____ Cell phone: _____

May pick up without note. If so, DL #: _____ Vehicle License Plate #: _____

Please write any additional emergency contacts and their information on a blank sheet of paper and attach it to this page.

Parent Signature: _____

02/2025

Student Name: _____ Class: _____ Year: **2025/2026**

Emergency Medical Release

In case of emergency, please take my child to: (Due to licensing regulations, please do not enter "nearest". We must have the actual name of the hospital and provider you prefer.)

Hospital Name: _____ Phone: _____

Address: _____

Physician Name: _____ Phone: _____

Address: _____

I, _____, authorize St. Peter School to obtain emergency medical care for my child,
(Parent / Guardian's Name)

_____, and/or to transport my child for emergency medical treatment. Yes No
(Student's Name)

General Health Information

- General health of student: Poor Fair Good Excellent

- Allergies? No Yes (If "yes", please explain), _____

- Physical disabilities or limitations: (*glasses, scoliosis, hearing, etc.*)? No Yes (If "yes", please explain), _____

- Is the student taking medication regularly? No Yes (If "yes", please explain), _____

- Has the student ever been dismissed or withdrawn from any school for any reason? No Yes (If "yes", please explain, including name and address of school) _____

- Does the student have any developmental delays? No Yes (If "yes", in what areas?), _____

- Does the student have any clinically diagnosed learning disabilities? No Yes (If "yes", please explain), _____

- Is your child potty trained? No Yes (If yes, what does your child say when they need to use the restroom?), _____

- Please use the space below for any other pertinent information about the applicant or family situation that would assist us in meeting our shared commitment to your child. _____

Parent Signature: _____

Program Selections (9am-2pm)

Foundations 2s _____

Mon/Wed _____ Tues /Thurs _____ Mon-Thurs _____

**If you are interested in an add-on Friday class for the 2s, please ask the Director for details. **

Fundamentals 3s _____

Pre-kindergarten 4s _____

Mon/Wed _____ Mon/Wed/Fri _____ Mon-Thurs _____

Tues/Thurs _____ Tues/Thurs/Fri _____ Mon-Fri _____

Nutrition

You are responsible for your child's snacks and/or lunch. We are not responsible for its nutritional value or for meeting your child's daily food needs.

Publication Release

Photographs and videos are taken on different occasions such as performances, holidays, outings, and special events. If you do not wish for your child's photo and name to appear, please send written notification to the school office no later than the first day your child attends class at St. Peter School. Indicate which publications you prefer your child not to appear in.

Preschool Photos

You may include my child in any Preschool photo collections, to include wall photos, slide shows, or special occasion crafts, preschool social media, classroom collections etc. YES NO

Water Activities Release

My child may participate in water activities, including but not limited to water table, splashing or wading pools, or sprinkler play. YES NO My child can swim without assistance YES NO

Contractual Agreement

Must be signed by ALL individuals listed on page 2 who are responsible for school related decisions AND/OR financial bills.

We the undersigned:

I. Agree to fulfill all financial obligations.

A. Tuition and fees will be paid in a timely manner. Students with tuition in arrears may be withheld from class until payments are current.

B. In the event of withdrawal or dismissal, all tuition and fees paid to date are non-refundable and tuition will be charged through 30 days.

II. We have read and agree to abide by St. Peter School's guidelines as outlined in the Student Handbook, which may be downloaded from the website.

III. I understand that all the information listed above is honest and accurate, as of the date listed below.

Signature _____ Date _____

Signature _____ Date _____

St. Peter School



Registration Checklist 2025-2026

To reserve a space in your child's classroom:

_____ Completed Application (pages 1 - 4)

_____ Annual Registration Fee: \$415 (Fees are non-refundable)

_____ Authorized Student Pickup List

_____ Completed Parent Handbook Agreement

_____ Tuition Contract

_____ Parent's Rights Form

_____ FACTS Account set up (New Families)

Due July 1st, 2025:

_____ An updated copy of your child's complete Immunization Record

_____ Medical Form (B1) completed by the child's physician.

(***Students with summer birthdays: Please provide current immunization records and bring updated records and B1 Medical Form after child's annual checkup. Students missing these forms will not be able to attend school in August if they are missing.)

St. Peter School

2025-2026 Placement Guide

Please use the following indicators as a **guide** to choose your child's class. Your child may not meet each indicator, but he or she should demonstrate strengths in several areas of the indicators. If you have questions, please call or meet with the director to discuss placement.

Foundations Class (2's) The Foundations class prepares students for structure, routine, and social play. The class introduces students to dramatic play, music, visual arts, literacy, and mathematics. Indicators of readiness for the Foundations class include:

- **Age:** 2 years old (by September 1st of the enrolled school year)
- **Language and Literacy** follows simple requests; uses some words; may recognize a few letters in his or her name; shows interests in books; beginning scribbles.
- **Cognition and General Development:** matches similar objects; imitates actions; recognizes familiar people, objects, and animals in pictures.
- **Approaches to Learning** sustains some interest in working on a task but cannot ignore distractions; enjoys exploration and investigation.

Fundamentals Class (3's) The Fundamentals class is centered on core knowledge instruction. The class continues to foster social play, dramatic play, music, and visual arts. Instruction in literacy, mathematics, and handwriting is structured, systematic, and individualized. Indicators of readiness for the Fundamentals class include:

- **Age:** 3 years old (by September 1 of the enrolled school year)
- **Language and Literacy:** follows two-step directions; understood by most people; can speak 4-6 word sentences; recognizes letters in his or her name and possibly a few other letters; begins writing letter like forms or mock letters
- **Cognition and General Development:** recalls familiar objects and can sequence experiences; classify in two or more groups; begins dramatic play.
- **Approaches to Learning:** sustains interest in working on a task and beginning to ignore most distractions; pursues a variety of tasks and an eagerness to learn; transitions from parallel play to associative play.
- **Potty trained:** understands the concept of being potty trained; may still need some reminders and may have an occasional accident.

Pre-Kindergarten Class the Pre-Kindergarten class is designed to ready students for the rigors and expectations of kindergarten. Indicators of readiness for the Pre-Kindergarten class include:

- **Age:** 4 years old (by September 1 of the enrolled school year)
- **Language and Literacy:** begins to recognize rhyming words; shows awareness that some words begin the same way; recognizes as many as 10 letters; produces the correct sound for several letters.
- **Cognition and General Development:** uses more details in experiences; begins to apply experiences to new situations; begins to interact with other children during dramatic play.
- **Approaches to Learning:** sustains work on interesting tasks while ignoring most distractions; begins to use a variety of resources to find answers to questions.
- **Fully potty trained**

Discovery Day (Friday) In addition to our regular preschool curriculum, our students will have the opportunity to discover unique concepts through hands-on experiments. This class is offered to our Fundamental (3's) and Pre-Kindergarten class and is designed to prepare students for the rigors and expectations of kindergarten.

St. Peter School

TUITION CONTRACT

St. Peter School is an annual tuition program. You may choose one of two options to pay the tuition as noted below.

1. Tuition paid in full prior to July 1st of the school year.

Tuition can be paid in full for the school year by July 1st of the current school year. You will receive a 2% discount on tuition paid in full. Tuition paid in full can be paid via check.

2. Tuition paid over 10 payments.

You may choose to pay tuition over 10 payments. THE FIRST TUITION PAYMENT IS DUE NO LATER THAN JULY 1, 2025. The remaining tuition payments are due on the 1st of each month. THE LAST TUITION PAYMENT IS DUE APRIL 1, 2026. Any registration received after July 1st will require all previous tuition payments as of that date. Any payments made after the 1st of the month will incur a \$25.00 late fee. For further information regarding late or delinquent payments, please refer to the Parent/Student Handbook.

Tuition Payments: Tuition payments will be paid through the online FACTS system. Registration will not be complete until your FACTS account is set up.

See website to set up your account: <https://online.factsmgt.com/signin/3D24T>

Early withdrawal Fee: An early withdrawal fee will be charged if a student is withdrawn before April 1, 2026. The fee will be 25% of the remaining tuition balance.

Refunds and Withdrawals There are no refunds or adjustments for absences, including but not limited to: illness, vacation, holidays, extended leave or travel, weather-related or health-related closings.

As a courtesy to our families, students who enroll in our program after the first day of school will have a prorated tuition amount, see director for payment plan.

If you must withdraw your student at any time during the school year, 30-day notice is required. Tuition will continue to be charged during this period. Please email 30-day notice to jmurff@stpeterfw.org

ALL TUITION PAYMENTS AND REGISTRATION FEES ARE NON-REFUNDABLE, INCLUDING TUITION PAID IN FULL.

Discounts

- Sibling discount – 2% off second siblings' yearly tuition
- Paid in full discount – 2% off the yearly tuition.

I agree to pay my child's tuition in full no later than April 1st of the current school year.

Student Name: _____

Parent Signature _____ Date _____

St. Peter School



Handbook Agreement (2025-2026)

I understand the Parent/Student Handbook is located at www.stpeterspartans.org. I agree that I am responsible for understanding the information in the Handbook. Please contact the school office at 817-491-2015 with any questions.

I have read and understand the policies set forth in the St. Peter School Handbook.

Child Name: _____

Parents signature: _____ Date: _____

Notice of Non-Discriminatory Policy: St. Peter School does not discriminate on the basis of gender, race, color, national or ethnic origin in the administration of our educational policies, employment practices, admission policies, scholarship and loan programs, and other school administered programs.

Liability Notice: Documentation of liability insurance that complies with Human Resources Code, Section 42.0491, is available in the office of the Church/School Administrator.