

# St. Peter's



15599 Mountain Road  
Montpelier, VA 23192  
(804) 883-5596

## Registration Form

Child's Name: \_\_\_\_\_  
Last First Middle

Nickname: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_  
Street

City State Zip

## Parent Information

Mothers Name: \_\_\_\_\_

Address if different from Student \_\_\_\_\_  
Street

City State Zip

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

Work Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Fathers Name: \_\_\_\_\_

Address if different from Student \_\_\_\_\_  
Street

City State Zip

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

Work Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Are there any areas where your child needs special support or services? \_\_\_\_\_

A non-refundable registration fee of \$75.00 must accompany this form.  
(make checks payable to St. Peter's Christian School)

The \$75.00 registration fee is to be paid when you register your child(ren) and is non-refundable, unless your child is not placed in a class and is on a waiting list. Tuition is paid one month in advance beginning in August. A \$25.00 fee will be charged for returned checks. A thirty (30) day notice is required in writing for withdrawal.

Date: \_\_\_\_\_

Signature \_\_\_\_\_

For SPCS Personnel Only:	Paid Registration Date: _____	Check # _____
Class Assigned _____	Withdrawal Date: _____	
Child not placed \$75.00 refund sent:		