



St. Peter's Lutheran School

2026-2027 Student Registration Form

Preschool Tuition (9 - 12pm)

Four's	\$375 per month	5 days M-F 9-12pm
*Three's	\$375 per month	5 days M-F 9-12pm

Older 3's: (DOB 9/1-1/31) Younger 3's: (DOB 2/1-8/31)

Must be potty trained.

*Older Two's (9/1-1/31)	\$375 per month	5 days (not potty trained)
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*Younger Two's (18mo to 2.4 yrs)	\$375 per month	5 days (not potty trained)
	\$275 per month	3 days M, W, F (not potty trained)
	\$240 per month	2 days T, Th (not potty trained)

Registration Fee & Materials Fee (yearly, non-refundable)	\$200 for 5 days \$175 for 2/3 days
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Early Care (7:30-8:50am)	\$6.00 per day (billed monthly)
Lunch Buddies (12-2pm)	\$10.00 per day (billed monthly)
After Care (2-5:30pm)	\$12.00 per day (billed monthly)

Classroom Request: _____ Days of the Week: 5 days 3 days (2's) 2 days (2's)

Will use: (please circle) Early Care Lunch Buddies After Care
 Often (4-5 days a week) Some (2-3 days a week) Seldom (1 day a week)

Student Name: _____ Date of Birth: _____ Age by Sept. 1: _____

Parent Name: _____

Address: _____ City: _____ Zip: _____

Email: _____

Home Phone: _____ Occupation: _____

Mom's Work Phone: _____ Mom's Cell Phone: _____

Dad's Work Phone: _____ Dad's Cell Phone: _____

Home Church: _____

I/we understand that school tuition is due the 1st of each month. After the 5th of the month a late fee of \$20 will be charged to my account. No credit or make-up days will be allowed if the school is closed on the day my child is scheduled to be at school. Please complete all enclosed forms and return with the non-refundable registration fee along with a copy of your child's updated SC Immunization DHEC form 2740 from your child's pediatrician as well as their birth certificate.

Parent Signature: _____ Date: _____