

**2024-25 REGISTRATION**  
**Saint Mark's Episcopal Day School**  
**1000 N. Mississippi Street**  
**Little Rock, Arkansas 72207**  
**501-225-2535**  
stmarksschool@att.net  
www.st-marksdayschool.com

Dear Parents:

Saint Mark's Episcopal Day School is accepting registration for the school year beginning September 2024. Enclosed you will find a registration form which should be filled out and mailed before February 1 in order to secure a spot. Currently enrolled families and Saint Mark's Church members will have priority. A **registration fee of \$100.00 and a month's tuition** are required in order to register. The registration fee of **\$100 is non-refundable**. The month's tuition will be refundable only **if we are notified by email before February 29** that your child will not be attending.

**TUITION FEES:**

**\$345.00 per month for Kindergarten/Transition**

**\$340.00 per month for 5-day classes**

**\$330.00 per month for 3-day classes**

**\$320.00 per month for 2-day classes**

**MATERIALS FEE:** A materials fee of **\$100.00 per year/per child** will be **due before July 15, 2024.**

**BUILDING FEE:** A building fee of **\$150.00 per year/per family** for non-Saint Mark's parishioners will be **due before July 15.** This fee will be used for renovation and capital improvements to the Willcox (Day School) Building.

**SECURITY FEE:** A security fee of **\$100.00 per year/per family** will be **due before July 15.** This fee will be used for campus security.

**EXTENDED SESSION:** Extended session (**11:30-2:30**) fee will be **\$25.00 per afternoon** for the first child and **\$12.00 per afternoon** for siblings.

**EARLY DROP OFF: (7:50-8:20)** fee will be **\$4.00 per AM.**

DATE: \_\_\_\_\_ **REGISTRATION FEE: \$100 PER CHILD**

**\*Please indicate if you are members of Saint Mark's Episcopal Church—YES or NO**

*I enclose herewith my check for \$\_\_\_\_\_ (**Registration fee + month's tuition**)*

**Please enter child's name in space beside class selection**

1. \_\_\_\_\_ Monday & Wednesday - 2 year old class
2. \_\_\_\_\_ Tuesday & Thursday - 2 year old class
3. \_\_\_\_\_ Monday, Wednesday, Friday – 2/3 year Transition  
(turning 3 before Jan. 1, 2025)
4. \_\_\_\_\_ Everyday (MTWThF) – 3 year old class
5. \_\_\_\_\_ Tuesday, Thursday, Friday – 3 year old class
6. \_\_\_\_\_ Everyday (MTWThF) – 4 year old class
7. \_\_\_\_\_ Kindergarten/Transition (MTWThF) – 5 yr. old class  
(turning 5 before Jan. 1, 2025)

**PLEASE INDICATE 1<sup>ST</sup> AND 2<sup>ND</sup> CHOICES.**

I understand that acceptance of this application depends upon the school's assessment of its ability to meet my child's needs and that the registration fee will be refunded ONLY if the application is NOT accepted.

\_\_\_\_\_  
(Parent's signature)

\_\_\_\_\_  
(Both parents' names – please print)

\_\_\_\_\_  
(Address) (City) (State) (Zip)

\_\_\_\_\_  
(Mom-- Cell Phone) (Mom-- Work Phone)

\_\_\_\_\_  
(Dad-- Cell Phone) (Dad-- Work Phone) (Emergency Name & #)

\_\_\_\_\_  
(Birth date of child) (Allergies) (email address)

Name & Phone # of Pediatrician \_\_\_\_\_