

2019-2020 REGISTRATION
St. Mark's Episcopal Day School
1000 N. Mississippi Street
Little Rock, Arkansas 72207
stmarksschool@att.net
501-225-2535
www.st-marksdayschool.com

Dear Parents:

St. Mark's Episcopal Day School is accepting registration for September 2019. 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 St. 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 28** that your child will not be attending.

TUITION FEES:

\$295.00 per month for Kindergarten/Transition
\$290.00 per month for 5-day classes
\$280.00 per month for 3-day classes
\$270.00 per month for 2-day classes

MATERIALS FEE: A materials fee of **\$75.00 per year per child** will be **due before July 15.**

BUILDING FEE: A building fee of **\$125.00 per year/per family** for non-St. Mark's parishioners will be **due before July 15, 2019**. This fee will be used for renovation and capital improvements to the Willcox (Day School) Building.

EXTENDED SESSION: Extended session (**11:30-2:30**) fee will be **\$18.00 per afternoon** for the first child and **\$10.00 per afternoon** for siblings.

AFTERCARE: Aftercare (**11:30-5:00**) fee will be **\$30.00 per afternoon for the first child** and **\$20.00 per afternoon for siblings.**

EARLY DROP OFF: (**7:50-8:20**) fee will be **\$3.00 per AM.**

REGISTRATION FEE: \$100.00

DATE: _____

I enclose herewith my check for \$_____ (Regis. 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, 2019)
- 4. _____ Everyday (MTWTF) – 3 year old class
- 5. _____ Tuesday, Thursday, Friday – 3 year old class
- 6. _____ Monday, Wednesday, Friday – 3 year old class
- 7. _____ Everyday (MTWTF) – 4 year old class
- 8. _____ Monday, Wednesday, Friday – 4 year old class
- 9. _____ Kindergarten/Transition (MTWTF) – 5 yr. old class

PLEASE INDICATE 1ST AND 2ND 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) (Home Phone)

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

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

Name & Phone # of Pediatrician _____

Please indicate if you are members of St. Mark's Episcopal Church—