



St. Peter's Episcopal Church
224 S. Military Hwy.
Norfolk, VA 23502
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St. Peter's Day School

Registration Form for School Year 2025 - 2026

Quality Christian Education - Celebrating over 60 Years of Continuous Service

PRE-K-TODDLER	5 Full Days: \$975, 3 Full Days \$750 or 5 - ½ days: \$675, 3 - ½ days: \$450 or 2 Full Days: \$625
AGE	18 months — 24 months
DAYS	Monday –Friday /Monday-Wednesday-Friday/ANY 2 DAYS
HOURS	7:00 A.M. – 12:30 (1/2 Day) or 7:00 A.M.— 6:00 P.M. (Full Day)
REGISTRATION FEE	\$90 (non-refundable)**

PRE-K-2	5 Full Days: \$975, 3 Full Days \$750 or 5- ½ days: \$675, 3- ½ days: \$450 or 2 Full Days: \$625
AGE	2—3 years
DAYS	Monday–Friday/Monday-Wednesday-Friday/ANY 2 DAYS
HOURS	7:00 A.M. – 12:30 (1/2 Day) or 7:00 A.M.— 6:00 P.M. (Full Day)
REGISTRATION FEE	\$90 (non-refundable)**

PRE-K-3 and PRE-K-4	School Only—5 Days: \$300 or 3 Days \$200 Extended Care—5 Days: \$640 or 3 Days: \$480
AGE	3/4 years by September 30th
DAYS	Monday –Friday (5 Days) or Monday-Wednesday-Friday (3 Days)
HOURS	7:00 A.M.— 6:00 P.M. (School Hours 9:00 A.M.—12:00 P.M.)
REGISTRATION FEE	\$90 (non-refundable)

Hourly Fee: \$15.00 per hour / Drop-off Fee: \$25.00 per hour, Late Pick-up Fee: \$5.00 per minute

How did you hear about us? _____

CHILD'S NAME: _____ BIRTH DATE: _____ ALLERGIES: _____

HEALTH CONDITIONS OR MEDICATIONS: _____

PARENT/GUARDIAN: NAME (Contact #1) _____ PHONE NUMBER (#1): _____

PARENT/GUARDIAN :NAME (Contact #2) _____ PHONE NUMBER (#2): _____

ADDRESS: _____

EMERGENCY CONTACT: (In the event #1 and #2 are unavailable) Name: _____ Phone #: _____

Choose One: CLASS: Pre-K-Toddler () Pre-K-2 () Pre-K-3 () Pre-K-4 ()

Choose One: DAYS: 5 Full (), 3 Full (), 2 Full (Toddlers or 2s Only) (), 5 half (), 3 half ()

Choose One: Extended Care (Pre-K-3 and Pre-K-4 Only): 5 days () or 3 Days () NONE (School Only): ()

Persons Authorized to Pick-Up:

If anyone is **NOT** allowed to pick-up your child please list them here—a court order must be in place and a copy in our office if this person is a legal parent/guardian.

Office Use Only: Birth Certificate: _____ Shot Record: _____ Registration Fee: \$ _____ Tuition: \$ _____ Receipt # _____