



700 Rinehart Rd., Lake Mary, FL 32746
407-333-1707

CHILD INFORMATION

Child's Full Name _____ Goes by: _____
 Date of Birth ____ / ____ / ____ Gender: Male
 Email _____ Female
 Home Address _____ Race _____
 City / State / Zip Code _____
 Custody: Both Mother Father Custody Agreement: N/A Yes No
 *Copy of the custody agreement required
 How did you hear about our school? _____ Church Affiliation of family? _____

PARENT CONTACT INFORMATION

Name (Mother) _____ Name (Father) _____
 Cell Phone _____ Cell Phone _____
 Email _____ Email _____
 Occupation / Employer _____ Occupation / Employer _____
 Street Address (if different from child) _____ Street Address (if different from child) _____

EMERGENCY NOTIFICATION / AUTHORIZED PICK UP (OTHER THAN PARENTS)

Name	Phone	Address	Relationship to Child	***

***A check mark in this column denotes that the person indicated is authorized to take my child from St. Peter's Preschool & Kindergarten in cases of emergency or when no parent / legal guardian can be located or reached.

PHYSICIAN INFORMATION

Family Physician: _____ Phone: _____
 Allergies / Medical Concerns: _____

SIBLINGS

Name	Age	Name	Age

Parent Signature

____ / ____ / ____
Date



CLASS OPTIONS

Desired Class (designate 1st and 2nd choice)	Program	Days
	Tiny 2's Class	T/Th 9:00-1:30
	Tiny 2's Class	MWF 9:00-1:30
	Older 2's Class	T/Th 9:00-1:30
	Older 2's Class	MWF 9:00-1:30
	3-year-old / 3 days	MWF 9:00-1:30
	3-year-old / 4 days	M-Th 9:00-1:30
	3-year-old / 5 days	M-F 9:00-1:30
	4-year-old (VPK ONLY)	M-F 9:00-12:00
	4-year-old / 4 days (VPK plus Kindergarten Prep)	M-Th 9:00-1:30
	4-year-old / 5 days (VPK plus Kindergarten Prep)	M-F 9:00-1:30
	Kindergarten	M-F 9:00-1:30

*Tiny 2's Class DOB between 3/2/2023 and 9/1/2023 and Older 2's DOB between 9/2/2022 and 3/1/2023

The NON-REFUNDABLE registration and activity fees and a copy of the child's birth certificate must accompany the application before it can be approved.

St. Peter's Preschool and Kindergarten admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship programs, and other school-administered programs.

I have reviewed a copy of the Student/Parent Handbook online at www.stpeterslakemaryschool.org and agree to follow the Policies and Standards listed therein including the 2-hour block of volunteer time (per family) required for Cheers fore Children in February 2026.

Signed: _____

Date: _____

FOR OFFICE USE ONLY

Registration Fee Rec'd: _____

Activity Fee Rec'd: _____

Date ____/____/____ Check # _____

Date ____/____/____ Check # _____



STATE OF FLORIDA FLORIDA MANDATES

Child's name: _____

Please initial State of Florida mandates below:

State Statutes: State of Florida, Department of Children and Families

_____ Sections 7.1 and 7.2, of the Child Care Facility Handbook, requires a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment.

_____ Section 7.3, of the Child Care Facility Handbook, requires that parents receive a copy of the Child Care Facility Brochure, "Know Your Child Care Facility" (CF/PI 175-24)

_____ Section 2.8, of the Child Care Facility Handbook, requires that parents are notified in writing of the disciplinary and expulsion policies used by the child care facility. Please see this information in the St. Peter's Preschool and Kindergarten Handbook online at www.stpeterslakemaryschool.org

_____ I understand school personnel have access to my child's records.

Your signature below indicates that you have received the above items and that the information on this enrollment form is complete and accurate.

Signed: _____ Date: _____