

**ST. PAUL METHODIST SCHOOL
VPK/4 Year Old Application**

Child's Name: _____

Please indicate the option that you want for your child:

_____ 5 days a week (VPK+)

Participate in the VPK 540 hour (Monday-Thursday) program **and** VPK PLUS Program offered every **FRIDAY**. I have seen the attached schedule and read the attendance requirements for VPK. I understand that the absence restrictions apply only to VPK and not to the VPK Plus program. I will pay the tuition of \$80 a month for the VPK Plus program. An \$85 registration fee is required. (non-refundable)

_____ 5 days a week (*This option is for those children that are not eligible for the state funded VPK program*).

I will pay the tuition of \$310 each month. An \$85 registration fee is required. (non-refundable)

_____ 4 days a week

Participate in the VPK 540 hour program **only**. I have read the St. Paul Methodist School handbook and understand the attendance requirements for VPK. There is **NO** registration fee or tuition required for this program.

St. Paul Methodist School is a Christian School. I have received a copy of the St. Paul Methodist School Handbook and understand that Bible based learning and Chapel times twice a week are integral parts of your program.

Signature of Parent or Guardian

Date

Printed Name of Parent or Guardian