ST. LUKE'S DAY SCHOOL 2019-2020 APPLICATION FOR ENROLLMENT 12-MONTH PROGRAM

Please complete entire application by filling all blanks (use "none" or "N/A" when appropriate)

Child's Last Name	First Name	Name Called			
Child's Birth Date//	Age as of	Age as of 9/1/2019		MALE	FEMALE
Child's Address		City	State	_ Zip	
Primary Phone #	(XXX-XXX-XXXX)	Home Phone #		(XXX-XXX-XX	XXX or N/A)
Parent/Guardian 1 Information	Mother Father	Parent/Guardia	n 2 Information	Nother	Father
Name		Name			
Address Same as child (if not fil	ll out below)		ame as child (if not fill		
 Cell #	(XXX-XXX-XXXX)	Cell #		XXX-XXX-XXX	(X)
Work #	(XXX-XXX-XXXX)	Work #	(2	xxx-xxx-xx>	(X)
E-mail		E-mail			
SLUMC Member? Yes No	SLUMC Staff? Ye	s No Siblir	ngs at SLDS 18-19?	Yes N	0
Is child currently enrolled in school	? Yes No Ch	ild's current schoc	l		

Choose program and fill in Registration Fee and monthly tuition amount.

All classes are Monday-Friday, 7:15am to 6pm.

Monthly tuition rates for class offerings are listed below each age group program.

*Note: Infant and Toddler class placements are made by the Director. Age ranges are tentative.

PROGRAM CHOIC	ES:				FEES & MONTHLY TUITION AMOUNT
Registration Fee:	Church Member	- \$50 Non-I	Member - \$100		\$ (Registration Fee)
Choose One Prog	ram:				
	LITTLE LUKE'S PLACE		LUKE'S	PLACE	
Lambs*	Bunnies or Honeybees*	TWOS	THREES	PRE-K	
<u>11/2018-7/15/19*</u>	<u>9/2/2017-10/2018*</u>	Age 2 by 9/1/19	Age 3 by 9/1/19	<u>Age 4 by 9/1/19</u>	
\$1,460	\$1,440	\$1,375	\$1,400	\$1,400	\$ (Sept 2019 Tuition)
	TOTAL DUE	WITH APPLICATIO	N		. \$
I have completed	the application and provided	payment informati	on for the Registra	ation Fee and Sep	tember Tuition for

first choice program. **I understand** that the Registration Fee is NOT REFUNDABLE after acceptance, and September tuition for the Registration Fee and September tuition deposit is NOT REFUNDABLE after March 29, 2019. I also understand that to hold my child's place, August 2020 Advance Tuition must be paid by August 1, 2019 and is not refundable once paid. SLDS is intended to be a twelve-month commitment and each payment represents one-twelfth of the school year. Credit is not given for a child's absence or days the school is not in session. Registration is open to all children regardless of race, ethnic origin, or religious preference.

Parent's Signature		C	Date	
		For Office Use Only		
Date Rec'd SIB Acpt WL	Start Date Forms	Program Tchr EM	Entered Ledger	

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Child's Name	Birth Date	Program	
St. Luke's enrolls a limited number of chil allergies. Answering "yes" to any of the for additional documentation later in the reg complete.	ollowing questions does no	ot necessarily preclude enrollm	ent, and will require
Does your child have any identified allerg	ies? Yes No If	yes, are these food allergies?	Yes No N/A
If yes, please describe the nature of the a	llergies:		
Has your child had any identified medical If yes, please describe the nature of the n			No
Has your child had any identified develop If yes, please describe the nature of these		ial needs (currently or previous	sly)? Yes No
Has your child received any kind of therap If yes, please describe the nature of the th		ths? Yes No	

Initials _____ Date _____