

**ST. LUKE'S DAY SCHOOL
2019-2020 APPLICATION FOR ENROLLMENT
KINDERGARTEN**

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 9/1/2019 _____ Gender MALE FEMALE
MM DD YYYY

Child's Address _____ City _____ State _____ Zip _____

Primary Phone # _____ (XXX-XXX-XXXX) Home Phone # _____ (XXX-XXX-XXXX or N/A)

Parent/Guardian 1 Information Mother Father Parent/Guardian 2 Information Mother Father

Name _____ Name _____

Address Same as child (if not fill out below) Address Same as child (if not fill out below)

Cell # _____ (XXX-XXX-XXXX) Cell # _____ (XXX-XXX-XXXX)

Work # _____ (XXX-XXX-XXXX) Work # _____ (XXX-XXX-XXXX)

E-mail _____ E-mail _____

SLUMC Member? Yes No SLUMC Staff? Yes No Siblings at SLDS 18-19? Yes No

Is child currently enrolled in school? Yes No Child's current school _____

Choose program and fill in Registration Fee and monthly tuition amount. Gesell Fee is for new applicants only. Days/hours and monthly tuition rates for class offerings are listed with each program.

PROGRAM CHOICES:	FEES & MONTHLY TUITION AMOUNT
Registration Fee: Church Member - \$50 Non-Member - \$100	\$ _____ (Registration Fee)
New Applicants Only: Gesell Screening Fee - \$75	\$ _____ (if applicable)
Choose One Program:	
Kindergarten (Part-Time hours) Age 5 by 9/1/19 M 9am-12pm; Tu-F 9am-2:30pm \$900	Kindergarten (Full-Time hours) Age 5 by 9/1/19 M-F 7:15am-2:30pm \$1,035
	\$ _____ (1st choice tuition)
TOTAL DUE WITH APPLICATION.....	\$ _____

I have completed the application and provided payment information for the Registration Fee, September Tuition for first choice program, and Gesell Screening Fee (if applicable). **I understand** that the Registration Fee is NOT REFUNDABLE after acceptance, and September tuition deposit is NOT REFUNDABLE after March 29, 2019. I also understand that to hold my child's place, May 2020 Advance Tuition must be paid by May 1, 2019 and is not refundable once paid. SLDS is intended to be a nine-month commitment and each payment represents one-ninth 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 _____
Date

For Office Use Only

Date Rec'd _____ Start Date _____ Program _____ Entered _____
SIB ____ Acpt ____ WL _____ Forms ____ Tchr ____ EM _____ Ledger _____

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Child's Name _____ Birth Date _____ Program _____

St. Luke's enrolls a limited number of children with identified conditions or special needs; we must also be aware of all allergies. Answering "yes" to any of the following questions does not necessarily preclude enrollment, and will require additional documentation later in the registration process. All questions must be answered for the application to be complete.

Does your child have any identified allergies? Yes No If yes, are these food allergies? Yes No N/A

If yes, please describe the nature of the allergies:

Has your child had any identified medical needs or conditions (currently or previously)? Yes No

If yes, please describe the nature of the medical need or condition:

Has your child had any identified developmental or behavioral special needs (currently or previously)? Yes No

If yes, please describe the nature of these needs:

Has your child received any kind of therapy in the past twelve months? Yes No

If yes, please describe the nature of the therapy:

Initials _____ Date _____