ST. LUKE'S DAY SCHOOL 2021-2022 APPLICATION FOR ENROLLMENT KALEIDOSCOPE TK/K

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 5 | as of 9/1/2021 | Gender | MALE | FEMALE |
| Child's Address | | City | State | Zip _ | |
| Primary Phone # | Hon | ne Phone # | | (N/A | if no landline) |
| Parent/Guardian 1 Information Mot | her Father | Parent/Guardia | n 2 Information | Mother | Father |
| Name | | Name | | | |
| Address Same as child (if not fill out | below) | Address Sa | ame as child (if not ⁻ | fill out belov | N) |
| Cell # | | Cell # | | | |
| Work # | | Work # | | | |
| E-mail | | E-mail | | | |
| SLUMC Member? Yes No SLU | JMC Staff? Yes | No Siblin | gs at SLDS 20-21? | Yes | No |
| Is child currently enrolled in school? | Yes No Chil | d's current school | | | |

<u>Choose program</u>. Gesell Fee is for new applicants only. Days/hours* and monthly tuition rates for class offerings are listed with each program. (*Hours are subject to change)

| Registration Fee: | Church Member - \$50 | Non-Member - \$100 | For Office Use Only |
|-------------------------------|-----------------------------|---|---------------------|
| New Applicants Only: | Gesell Screening Fee - \$75 | | |
| Choose Desired Programs: | | | |
| Kaleidoscope TK/K | Kaleidoscope | After School | |
| M-F 8am-2:30pm | M-F 2:30-5:30 | pm (participating students may start at 7:30am) | |
| \$1,115 | \$210 | | |
| Choose Preferred Level of Ins | struction: | | |
| Kaleidoscope TK | Kaleidoscope | K Unsure | |

I have completed the application and provided payment information. I understand that acceptance and waiting list notices will be mailed by 3/12/21. I understand that if my child is accepted charges will occur on the following schedule: Registration Fee – 3/15/2021, September 2021 tuition deposit – 4/1/2021, Gesell Fee (new students only) – on date of screening, May 2022 tuition deposit – 5/1/2021, Activity/Supply Fee – 9/1/2021. All amounts are non-refundable once paid. Parents have until Monday 3/29/21 at 5pm to decline acceptance and no further charges will occur. I understand that if my child is placed on the waiting list, no monies will be charged. Kaleidoscope TK/K is intended to be a ninemonth commitment and each tuition 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, ethnicity, or religious preference.

| Parent's Signature | | Date | |
|--------------------|------------|---------------------|--------|
| | | For Office Use Only | |
| Date Rec'd | Start Date | Program | Input |
| 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 ch allergies. Answering "yes" to any of the additional documentation later in the re complete. | following questions does | not necessarily preclude enrollme | ent, and will require |
| Does your child have any identified aller | gies? 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 medica | I needs or conditions (cu | rrently or previously)? Yes | No |
| If yes, please describe the nature of the | medical need or conditio | n: | |
| Has your child had any identified develo | pmental or behavioral sp | ecial needs (currently or previous | ly)? Yes No |
| If yes, please describe the nature of thes | e needs: | | |
| Has your child received any kind of thera | apy in the past twelve mo | onths? Yes No | |
| If yes, please describe the nature of the | therapy: | | |
| | | | |

Initials _____ Date _____

St. Luke's Day School Payment Information & Electronic Funds Transfer Authorization 2021-2022 School Year

PAYEE INFORMATION:

| Payee Name | | | Phone # | | · · · · · · · · · · · · · · · · · · · |
|--|------------------|---|---------------------|-------------------------|---------------------------------------|
| | | | | | |
| Payment for Child | (ren) (First and | l Last Name) | | | |
| CHOOSE MET | HOD OF P/ | AYMENT (Choose one) | | | |
| ACH | | | | | |
| Accountholder Na | ame | | Phone # | | |
| Address, City, Stat | e, Zip | | | | |
| Routing Number Account Number (include all lea | | Account Number (include all leading zer | ros) | Checking | Savings |
| Bank or Credit Un | ion Name | Bank or Credit Union A | ddress | | |
| Please note: Mo | onthly tuition | payments made via ACH are eligible | e for a 2% discount | t. Fees are not eligibl | le for discount. |
| CREDIT C | CARD | SLDS accepts Visa, Maste | rCard, and Amer | rican Express | |
| Cardholder Name | | | Phone # | | |
| Billing Address, Cit | zy, State, Zip | | | | |
| Account Number | | Exp | Diration Date | | |
| CHECK | | ck or money order for the Registrat Day School. Please refer to instructio | | | |

I hereby authorize St. Luke's Day School to initiate debit entries to my checking or savings account (ACH) OR, initiate credit card charges to the above-referenced credit card account. To properly affect the cancellation of the agreement, I am required to give 10 days' written notice. Credit Union members: please contact your credit union to verify account and routing numbers for automatic payments.

Payee Signature

St. Luke's Day School Checklist – 2021-2022 School Year

| Registration Priori | <u>ty:</u> | | | | | | |
|--------------------------------------|---------------|-------------------------------------|--------------|----------------------------|---------------------------------|----------------------|--|
| Currently Enrolled (2020-21) Student | | | (due date | (due date 2/2/2021 by 5pm) | | | |
| Currently Enrolled New Sibling | | | (due date | e 2/2/2021 by 5pm) | | | |
| SLUMC Church I | Member (ind | cluding The Sto | ory) | (due date | e 2/8/2021 by 5pm) | | |
| Previously Enrol | lled (20-21 v | vithdrew due t | o COVID) | (due date | e 2/10/2021 by 5pm) | | |
| Community | | | | (due date | (due date 2/12/2021 by 5pm) | | |
| Information: | | | | | | | |
| Child's Last Name _ | | | Fir | st Name | | | |
| Program | SLDS Part | -Day Luk | e's Place Fi | ull-day | Kaleidoscope TK/K | | |
| Age Group | Infants | Toddlers | Twos | Threes | PreK (Fours) | Kaleidoscope (Fives) | |
| Sibling(s) applying? | Yes | No | | | | | |
| If yes, Program | | Age | Group | | Name | | |
| Parent Name | | | | | | | |
| Parent Email | | | | | _ Parent Phone | | |
| Checklist: | | | | | | | |
| I have | | | | | | | |
| Completed | application | in accordance | with instru | ctions. | | | |
| I understand that | | | | | | | |
| Acceptance | and waiting | g list letters wi | ll be mailed | l by 3/12/20 |)21. | | |
| If my child i | s accepted, | | | | | | |
| | - | on Fee will be o ition deposit v | | | card) on or about 3/1. 2021. | 5/2021. | |

- If child is not placed in first choice, he/she is automatically placed on the waiting list for first choice. The Registrar will contact me if first choice program/class becomes available.
- To confirm enrollment, additional payments must be made and deadlines met: Last month tuition deposits - May 2022 (SLDS Part-Day and Kaleidoscope) on 4/1/2021 or August 2022 (Luke's Place Full-day) on 8/1/2021; Child forms due 7/1/2021; Activity/Supply Fee on 9/1/2021.
- If enrollment declined, written notification is due no later than March 29, 2021. Registration Fee is non-refundable and September 2021 tuition deposit is non-refundable once paid.

If my child is wait listed, no monies will be charged. The Registrar will contact me if a place becomes available.

| Parent Signature: | Date: |
|-------------------|-------|
| | |