

**ST. LUKE'S DAY SCHOOL  
2023-2024 APPLICATION FOR ENROLLMENT  
SLDS PART-DAY 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 9/1/2023 \_\_\_\_\_ Gender MALE FEMALE

Child's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone # \_\_\_\_\_ Home Phone # \_\_\_\_\_ (N/A if no landline)

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 # \_\_\_\_\_ Cell # \_\_\_\_\_

Work # \_\_\_\_\_ Work # \_\_\_\_\_

E-mail \_\_\_\_\_ E-mail \_\_\_\_\_

SLUMC Member? Yes No SLUMC Staff? Yes No Siblings at SLDS 22-23? Yes No

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

**Rank all applicable class choices. Daily hours are Monday-Friday 9am to 2:30pm (hours are subject to change). Days and rates for class offerings are listed below each age group.**

**Registration Fee:** Church Member - \$50 Non-Member - \$100

**Choose One Age Group:**

KANGAROOS	BEARS	PONIES	TWOS	THREES	PRE-K
<u>DOB 9/2/22-3/1/23</u>	<u>DOB 3/2/22-9/1/22</u>	<u>DOB 9/2/21-3/1/22</u>	<u>Age 2 by 9/1/23</u>	<u>Age 3 by 9/1/23</u>	<u>Age 4 by 9/1/23</u>
M-W - \$625	M-Tu - \$450	M-Tu - \$450	M-W - \$635	M-W - \$665	W-F - \$705
Th-F - \$450	M-W - \$625	M-W - \$625	W-F - \$635	M-F - \$910	M-F - \$925
	Th-F - \$450	Th-F - \$450	Th-F - \$450		
			M-F - \$895		

1st Choice Days \_\_\_\_\_ 3rd Choice Days \_\_\_\_\_

2nd Choice Days \_\_\_\_\_ 4th Choice Days \_\_\_\_\_

For Office Use Only

**I have completed** the application and provided payment information. **I understand** that acceptance and waiting list notices will be sent by 3/10/23. **I understand that if my child is accepted**, the Registration Fee will be charged on 3/15/23 and enrollment must be confirmed or declined by 3/31/23 at 5:30pm. If confirmed, other charges will occur as follows: September 2023 tuition deposit – 4/14/2023, May 2024 tuition deposit – 5/5/2023, Activity/Supply Fee – 9/1/2023. All amounts are non-refundable once paid. **I understand that if my child is placed on the waiting list**, no monies will be charged. **SLDS Part-day is intended to be a nine-month 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.** Children's immunizations must be up to date to attend. 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 \_\_\_\_\_

**SLDS PART-DAY – 2023-2024 APPLICATION FOR ENROLLMENT – Page 2**

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:

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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:

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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:

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

If yes, please describe the nature of the therapy:

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Initials \_\_\_\_\_ Date \_\_\_\_\_

**St. Luke's Day School**  
**Payment Information & Electronic Funds Transfer Authorization**  
**2023-2024 School Year**

**PAYOR INFORMATION:**

\_\_\_\_\_  
Payor Name

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Payment for Child(ren) (First and Last Name)

**CHOOSE METHOD OF PAYMENT (Choose one)**

**Currently Enrolled 2022-23 School Year – USE PAYMENT METHOD ON FILE**

**ACH**

\_\_\_\_\_  
Accountholder Name

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Address, City, State, Zip

\_\_\_\_\_  
Routing Number

\_\_\_\_\_  
Account Number (include all leading zeros)

Checking

Savings

\_\_\_\_\_  
Bank or Credit Union Name

\_\_\_\_\_  
Bank or Credit Union Address

**Please note:** Monthly tuition payments made via ACH are eligible for a 2% discount. Fees are not eligible for discount.

**CREDIT CARD**

SLDS accepts Visa, MasterCard, and American Express

\_\_\_\_\_  
Cardholder Name

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Billing Address, City, State, Zip

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Expiration Date

**CHECK**

**Submit check or money order for the Registration Fee only. Application must be hand-delivered to St. Luke's Day School.** Please refer to instructions for further payment deadlines and information. (DO NOT submit a check if ACH or credit card selected.)

**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.

\_\_\_\_\_  
Payor Signature

\_\_\_\_\_  
Date

**St. Luke's Day School**  
**Checklist – 2023-2024 School Year**

**Registration Priority:**

Currently Enrolled (2022-23) Student	(due date 1/31/2023 by 5:30pm)
Currently Enrolled New Sibling	(due date 1/31/2023 by 5:30pm)
SLUMC Church Member	(due date 2/7/2023 by 5:30pm)
Community	(due date 2/10/2023 by 5:30pm)

**Information:**

Child's Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Program	SLDS Part-Day	Luke's Place Full-day	Kaleidoscope TK			
Age Group	Infants	Toddlers	Twos	Threes	PreK (Fours)	Kaleidoscope (Fives)

Parent Name \_\_\_\_\_

Parent Email \_\_\_\_\_ Parent Phone \_\_\_\_\_

Sibling(s) applying?      Yes      No

If yes, Program \_\_\_\_\_ Age Group \_\_\_\_\_ Name \_\_\_\_\_

**Checklist:**

I have...

Completed application in accordance with instructions

I understand that...

Acceptance and waiting list notifications will be sent by 3/10/2023

If my child is accepted,

- 2023-24 Registration Fee will be charged (ACH or credit card) on or about 3/15/2023
- Enrollment must be confirmed or declined no later than March 31, 2023 at 5:30pm. Registration Fee is non-refundable and September 2023 tuition deposit is non-refundable once paid.
- September 2023 tuition deposit will be charged on 4/14/2023
- 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.
- The following additional payments must be made and deadlines met to confirm enrollment:  
Last month tuition deposits - May 2024 (SLDS Part-Day and Kaleidoscope) on 5/5/2023 **or** August 2024 (Luke's Place Full-day) on 8/4/2023; Child forms due 7/5/2023; Activity/Supply Fee on 9/1/2023.

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

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_