

**ST. LUKE'S DAY SCHOOL  
2025-2026 APPLICATION FOR ENROLLMENT  
KALEIDOSCOPE TK**

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 9/1/2025 Gender MALE FEMALE

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

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

|   |                                       |                              |        |                                      |                                       |        |        |
|---|---------------------------------------|------------------------------|--------|--------------------------------------|---------------------------------------|--------|--------|
| <u>Parent/Guardian 1 Information</u>          |                                       | Mother                       | Father | <u>Parent/Guardian 2 Information</u> |                                       | Mother | Father |
| Name _____                                    |                                       |                              |        | Name _____                           |                                       |        |        |
| Cell # _____                                  |                                       |                              |        | Cell # _____                         |                                       |        |        |
| Work # _____                                  |                                       |                              |        | Work # _____                         |                                       |        |        |
| E-mail _____                                  |                                       |                              |        | E-mail _____                         |                                       |        |        |
| Address                                       | Same as child (if not fill out below) |                              |        | Address                              | Same as child (if not fill out below) |        |        |
| SLUMC Member? Yes No                          |                                       | SLUMC Staff? Yes No          |        | Siblings at SLDS 24-25? Yes No       |                                       |        |        |
| Is child currently enrolled in school? Yes No |                                       | Child's current school _____ |        |                                      |                                       |        |        |

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

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

**New Applicants Only:** Gesell Screening Fee - \$120

**Choose Desired Programs:**

**Kaleidoscope TK**  
M-F 8:30am-2:30pm  
\$1,205

**Kaleidoscope Full Day\***  
M-F 7:30-8:30am, 2:30-5:30pm  
\$480

\*must be enrolled in TK; minimum enrollment must be met

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 3/7/25. **I understand that if my child is accepted**, the Registration Fee will be charged on 3/12/25 and enrollment must be confirmed or declined by 3/31/25. If confirmed, other charges will occur as follows: September 2025 tuition deposit – 4/11/2025, May 2026 tuition deposit – 5/5/2025, Activity/Supply Fee – 9/3/2025. All amounts are non-refundable once paid. **I understand that if my child is placed on the waiting list**, no monies will be charged. **Kaleidoscope TK 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**

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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 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**  
**2025-2026 School Year**

**PAYOR INFORMATION:**

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

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

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

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

**Currently Enrolled 2024-25 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 – 2025-2026 School Year**

**Registration Priority:**

|                                      |                      |
|--------------------------------------|----------------------|
| Currently Enrolled (2024-25) Student | (due date 1/31/2025) |
| Currently Enrolled New Sibling       | (due date 1/31/2025) |
| SLUMC Church Member                  | (due date 2/4/2025)  |
| Community                            | (due date 2/7/2025)  |

**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, including email addresses and cell numbers

I understand that...

Acceptance and waiting list notifications will be sent by 3/7/2025.

If my child is accepted,

- 2025-26 Registration Fee (non-refundable) will be charged (ACH or credit card) on or about 3/12/2025.
- Enrollment must be confirmed or declined no later than Monday, March 31, 2025.
- For Part-day, 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.
- If enrollment is confirmed,
  - September 2025 tuition deposit will be charged on 4/11/2025 and is not refundable once paid.
  - The following additional payments must be made and deadlines met to hold spot:  
Last month tuition deposits - May 2026 (SLDS Part-Day and Kaleidoscope) on 5/5/2025 **or**  
August 2026 (Luke's Place Full-day) on 8/5/2025; Child forms due 7/1/2025; Activity/Supply Fee on 9/3/2025.

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

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

Date: \_\_\_\_\_