ST. LUKE'S DAY SCHOOL 2025-2026 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 a	s of 9/1/2025	9/1/2025		MALE	FEMALE
Child's Address		City			State	Zip	
Primary Phone # _			Home Phone	#		(N/A i	f no landline)
Parent/Guardian	nt/Guardian 1 Information Mother Father			Parent/Guardian 2 Inform		Mother	Father
Name		·	Name				
Cell #			Cell #				
Work #			Work #				
E-mail			E-mail				
Address Sar	me as child (if not	fill out below)	Address	Same as o	child (if not	fill out belov	w)
SLUMC Member?	Yes N	o SLUMC Staff?	Yes	No Siblings a	t SLDS 24-25	5? Yes	s No
s child currently	enrolled in school?	Yes No	Child's curre	ent school			
	or class offerings	first choice is NOT are listed below of rch Member - \$50	each age group.		violiday-Fi		or Office Use On
Choose One Age	Group:						
KANGAROOS	BEARS	PONIES	TWOS	THREES	PRE-	(
<u>DOB 9/2/24-3/1/25</u> M-W - \$650 Th-F - \$465	DOB 3/2/24-9/1/24 M-Tu - \$465 M-W - \$650 Th-F - \$465	DOB 9/2/23-3/1/24 M-Tu - \$465 M-W - \$650 Th-F - \$465	Age 2 by 9/1/25 M-W - \$660 W-F - \$660 Th-F - \$465 M-F - \$930	Age 3 by 9/1/25 M-W - \$695 M-F - \$950	Age 4 by 9/ M-F - \$965		
1st Choice Days _		3	rd Choice Days _				
2nd Choice Days _		4	th Choice Days _				
notices will be ser and <u>enrollment m</u> 2025 tuition depo non-refundable o Part-day is intend year. Credit is not	nt by 3/7/25. I und nust be confirmed usit – 4/11/2025, N nce paid. I unders led to be a nine-m t given for a child'	nd provided payme lerstand that if my or declined by 3/31 May 2026 tuition detand that if my chill nonth commitment is absence or days to all children rega	child is accepted 1/25. If confirme posit – 5/5/2029 d is placed on the confirme and each tuition the school is not	d, the Registration d, other charges d, Activity/Suppl he waiting list, represent representation in payment representation.	on Fee will I will occur a y Fee – 9/3, no monies w resents one dren's immu	oe charged on the control of the control of the charge of the charge of the control of the contr	on 3/12/25 eptember nounts are ed. SLDS e school
Parent's Signatur				Date			
			r Office Use Only				
Date Rec'd	Start Date_	_	ogram		Input		

SLDS PART-DAY – 2025-2026 APPLICATION FOR ENROLLMENT – Page 2

Child's Name	Birth Date	Program	_ Program			
St. Luke's enrolls a limited number of childrallergies. Answering "yes" to any of the foll additional documentation later in the regis complete.	owing questions does not n	ecessarily preclude enrolln	nent and will req	uire		
Does your child have any identified allergie	s? Yes No If yes,	are these food allergies?	Yes No	N/A		
If yes, please describe the nature of the alle	ergies:					
Has your child had any identified medical n If yes, please describe the nature of the me		y or previously)? Yes	No			
Has your child had any identified developm If yes, please describe the nature of these r		needs (currently or previou	usly)? Yes	No		
Has your child received any kind of therapy If yes, please describe the nature of the the		Yes No				
Initials Date						

St. Luke's Day School Payment Information & Electronic Funds Transfer Authorization 2025-2026 School Year

PAYOR INFO	RMATION	l <u>:</u>					
Payor Name			Email Address	Email Address			
Payment for Child	l(ren) (First a	nd Last Name)					
CHOOSE MET	THOD OF I	PAYMENT (Cho	oose one)				
Currently	y Enrolled	2024-25 Scho	ool Year – USE	PAYMENT METHO	D ON FILE		
ACH							
Accountholder N	ame			 Phone #			
Address, City, Sta	te, Zip						
Routing Number		Account Number	(include all leading	zeros)	Checking	Savings	
Bank or Credit Ur	nion Name	 -	Bank or Credit Unio	on Address			
Please note: Mo	onthly tuitio	n payments made	e via ACH are elig	ible for a 2% discount.	Fees are not eligible	le for discount.	
CREDIT C	ARD	SLDS a	ccepts Visa, Ma	sterCard, and Ameri	can Express		
Cardholder Name				Phone #			
Billing Address, Ci	ty, State, Zip						
Account Number				Expiration Date	CVV		
СНЕСК	St. Luke's	=	se refer to instru	tration Fee only. Applictions for further paymed selected.)			
initiate credit of the agreement	card charge t, I am requ	es to the above- uired to give 10	referenced cred days' written no	t entries to my check lit card account. To p otice. Credit Union m outomatic payments.	properly affect the nembers: please c	e cancellation o	
Payor Signature				 			

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 _			Firs	st Name			
Program	SLDS Part-D	Day Luke	's Place Fu	II-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 0	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:		