

**ST. LUKE'S DAY SCHOOL  
2026-2027 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 9/1/2026 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)		

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SLUMC Member? Yes No SLUMC Staff? Yes No Siblings at SLDS 25-26? 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  
\$1,230

**Kaleidoscope Full Day\***  
M-F 7:30-8:30am, 2:30-5:30pm  
\$515

\*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 3/6/26. **I understand that if my child is accepted**, the Registration Fee will be charged on 3/11/26 and enrollment must be confirmed or declined by 3/30/26 at 5:30pm. If confirmed, other charges will occur as follows: September 2026 tuition deposit – 4/7/2026, May 2027 tuition deposit – 5/10/2026, Activity/Supply Fee – 9/3/2026. 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.** 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**  
**2026-2027 School Year**

**PAYOR INFORMATION:**

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

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

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

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

**Currently Enrolled 2025-26 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

\_\_\_\_\_  
CVV

\_\_\_\_\_  
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 – 2026-2027 School Year**

**Registration Priority:**

Currently Enrolled (2025-26) Student	(due date 1/30/2026)
Currently Enrolled New Sibling	(due date 1/30/2026)
SLUMC Church Member	(due date 2/3/2026)
Community	(due date 2/6/2026)

**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 3/6/2026.

If my child is accepted,

- 2026-27 Registration Fee (non-refundable) will be charged (ACH or credit card) on or about 3/11/2026.
- Enrollment must be confirmed or declined no later than Monday, March 30, 2026.
- September 2026 tuition deposit will be charged on 4/7/2026 and is not refundable once paid.
- 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 2027 (SLDS Part-Day and Kaleidoscope TK) on 5/10/2026 **or** August 2027 (Luke's Place Full-day) on 8/5/2026; Child forms due 7/1/2026; Activity/Supply Fee on 9/3/2026.

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

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