ST. LUKE'S DAY SCHOOL
2026-2027 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 9/1/2026 _____ Gender ◯MALE ◯FEMALE

Child's Address _____ City _____ State _____ Zip _____

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

Parent/Guardian 1 Information ◯Mother ◯Father

Name _____

Cell # _____

Work # _____

E-mail _____

Address ☐Same as child (if not fill out below)

_____

Parent/Guardian 2 Information ◯Mother ◯Father

Name _____

Cell # _____

Work # _____

E-mail _____

Address ☐Same as child (if not fill out below)

_____

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 _____

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

Registration Fee: ◯Church Member - $50 ◯Non-Member - $100

For Office Use Only

Choose One Age Group:

◯**KANGAROOS**	◯**BEARS**	◯**PONIES**	◯**TWOS**	◯**THREES**	◯**PRE-K**
DOB 9/2/25-3/1/26	DOB 3/2/25-9/1/25	DOB 9/2/24-3/1/25	Age 2 by 9/1/26	Age 3 by 9/1/26	Age 4 by 9/1/26
M-W - $665	M-Tu - $475	M-Tu - $475	M-W - $675	M-W - $710	M-F - $990
Th-F - $475	M-W - $665	M-W - $665	W-F - $675	M-F - $975	
	Th-F - $475	Th-F - $475	Th-F - $475		
			M-F - $955		

1st Choice Days _____ 3rd Choice Days _____

2nd Choice Days _____ 4th Choice Days _____

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. If confirmed, other charges will occur as follows: September 2026 tuition deposit – 4/4/2026, 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. **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.** Registration is open to all children regardless of race, ethnicity, or religious preference.

_____ _____

Parent's Signature **Date**

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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:

_____

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:

_____

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:

_____

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

If yes, please describe the nature of the therapy:

_____

Initials _____ Date _____