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)

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 _____

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

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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

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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Date Rec'd_____ Start Date_____ Program_____ Input _____
SIB ___ Acpt____ WL_____ Forms____ Tchr____ EM ____ Ledger_____

KALEIDOSCOPE TK – 2026-2027 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:

_____

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 _____