



WELCOME TO ST. LUKE'S~A Great Place to Grow

St. Luke's Preschool & Kindergarten Enrollment

Children must be 3, 4, or 5 by September 1 of the school year to be eligible

Children must be completely potty-trained to attend preschool

Classes Offered:

- Preschool—Three-year-olds (Tuesday-Thursday OR Monday-Wednesday-Friday, OR Monday through Friday)
- Preschool—Four-year-olds (Tuesday-Thursday, OR Monday-Wednesday-Friday, OR Monday through Friday.)
- Kindergarten—Five-year-olds (Monday through Friday)

Enrollment Fees:

Tuesday/Thursday	\$120
Monday/Wednesday/Friday	\$120
Monday—Friday	\$140
Kindergarten	\$165

Monthly Tuition:

Tuesday/Thursday	\$135
Monday/Wednesday/Friday	\$165
Monday—Friday	\$200
Kindergarten	\$210

- Enrollment fees are non-refundable.
- **March 10**—September kindergarten tuition is due (non-refundable).
- **April 21**—All health statements (for new students) and updated immunization records are due in the preschool office.
- A place is reserved for your child only when both the enrollment form and the appropriate enrollment fee are received.
- New students must submit a “health statement” from a health care professional.

Families currently attending St. Luke's:

The information already on file in the school office will not be updated until the end of the current school year. If you need to make changes to THIS year's records, please stop by the office.

FINANCIAL POLICIES

- THE ENROLLMENT FEE IS NON-REFUNDABLE.
- Refunds are not given for part of a month missed.
- Tuition is due on the first of each month and is due as long as a place is reserved for your child.
- The preschool office must be notified at least **two weeks in advance** if the child is withdrawing from the program for any reason. Parents are responsible for an additional two weeks of tuition if they fail to give the full two weeks advance notice.
- We accept credit card, check and cash. Make checks payable to St. Luke's Preschool, noting your child's name in the lower corner.
- A **\$5 late fee** will be assessed for tuition received after the 10th of the month. A fee to cover bank costs will be assessed for any checks returned due to insufficient funds.
- September tuition for kindergarten only must be **pre-paid** by March 10 and is non-refundable.
- In order to enroll for the next school year in St. Luke's Preschool and Kindergarten or St. Luke's Parents' Day Out, there may be no past-due balances with either program.
- All family accounts with St. Luke's Preschool and Kindergarten, as well as St. Luke's Parents' Day Out, must be current at the end of the school year in order for either program to continue holding a spot for a child previously enrolled for the next school session.
- A child may not attend school if there is any unpaid tuition from previous months.
- May tuition must be paid by May 10 in order for a child to attend the remainder of the month.

ST. LUKE'S PRESCHOOL AND KINDERGARTEN-CHILD INFORMATION

Child's Last Name		First Name	
Boy___ Girl___	Date of Birth	Age (on Sept. 1 of school year)	
Child's Address	City	Zip	Best Phone Number:
Child lives with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother Only <input type="checkbox"/> Father Only Other: _____			
Siblings and their ages: _____ _____ List any special problems or needs your child may have, including <u>allergies</u> , existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, medication prescribed for long-term continuous use, childhood fears, or <u>any other information</u> of which caregivers should be aware. If none, please check <input type="checkbox"/> NONE _____ _____ _____			

Yes ___ No ___ I understand and will comply with the financial policies of St. Luke's Preschool and Kindergarten. (see attachment)
Yes ___ No ___ I grant permission for my child to be transported by the St. Luke's staff for emergency care.
Yes ___ No ___ I grant permission for my child to participate in field trips away from school.
Yes ___ No ___ "I grant permission for the St. Luke's staff to transport my child on field trips."
Yes ___ No ___ I acknowledge receipt of "St. Luke's Operational Policies" including those for discipline and guidance. (see attached booklet)
Yes ___ No ___ I grant permission for my child to use all of the play equipment & participate in all of the activities of the school.
Yes ___ No ___ My child is completely toilet trained.
Yes ___ No ___ I grant permission for my child to be included in pictures and videos connected with the school and church programs.
Yes ___ No ___ I grant permission for my family to be listed in the school directory.
Yes ___ No ___ I grant permission for photos which include my child to be posted on the school Facebook page and/or the church website. (No child will be identified by name.)

Signature - Parent or Legal Guardian	Date
My Child will be attending: 3-year-old: ___Tuesday/Thursday ___Monday/Wednesday/Friday ___Monday- Friday 9:00 a.m. to Noon. 4-year-old: ___Tuesday/Thursday ___Monday/Wednesday/Friday ___Monday-Friday 9:00 a.m. to Noon. Kindergarten: ___Monday-Friday 8:30 am to Noon.	

ST. LUKE'S PRESCHOOL AND KINDERGARTEN-FAMILY ADMISSION FORM

Father or Guardian Last Name	First Name	Cell Phone	Home Phone
Address		City	Zip
Employed By	Work Address	Work Phone	
Mother or Guardian Last Name	First Name	Cell Phone	Home Phone
Address		City	Zip
Employed By	Work Address	Work Phone	
Family E-Mail Address			
Member of St. Luke's UMC? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, which campus? <input type="checkbox"/> Central <input type="checkbox"/> Southwest			

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:		
In the event I cannot be reached to make arrangements for emergency medical care, and emergency treatment is deemed necessary by the St. Luke's staff, I authorize the St. Luke's staff to take my child to:		
Name of Physician	Address	Phone
Name of Preferred Hospital	Address	Phone
I give consent for the facility to secure any and all necessary emergency medical care for my child. _____		
Signature of Parent or Legal Guardian		

IN CASE OF AN EMERGENCY IN WHICH THE PARENTS CANNOT BE REACHED, PLEASE CALL: (local person)			
Name	Relationship to Child	Address	Phone
Name	Relationship to Child	Address	Phone

PERSONS (other than parents) AUTHORIZED TO PICK UP CHILD:		
My emergency contacts are also authorized to pick up my child. <input type="checkbox"/> Yes <input type="checkbox"/> No		
<u>Name</u>	<u>Relationship to Child</u>	<u>Phone</u>

Sign if I do **NOT** authorize anyone to pick up my child _____