



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

St. Luke's Preschool & Kindergarten Enrollment

2021-2022

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 September – May:

- 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:

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|-------------------------|-------|
| Tuesday/Thursday | \$125 |
| Monday/Wednesday/Friday | \$125 |
| Monday—Friday | \$145 |
| Kindergarten | \$165 |

Monthly Tuition:

| | |
|-------------------------|-------|
| Tuesday/Thursday | \$160 |
| Monday/Wednesday/Friday | \$195 |
| Monday—Friday | \$230 |
| Kindergarten | \$245 |

- Enrollment fees are non-refundable.
- **March 24**—September kindergarten tuition is due (non-refundable).
- **May 1**—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 24 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-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 | | | |

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| <u>AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:</u> | | |
| 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 | | |

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

| | | |
|-------------------------------------------------------------------------------------------------------------------------|------------------------------|--------------|
| <u>PERSONS (other than parents) AUTHORIZED TO PICK UP CHILD:</u> | | |
| 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 _____

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. Food Allergies require an emergency plan signed by your doctor on file in the office. <u>If none, please check</u> NONE <input type="checkbox"/> | | | | |
| List any developmental concerns or things you would like the teacher to know about your child and any services the child is receiving such as speech or OT. | | | | |

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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Yes ___ No ___ I understand and will comply with the financial policies of St. Luke's Preschool and Kindergarten. |
| Yes ___ No ___ I grant permission for my child to be transported by the St. Luke's staff for emergency care. |
| 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 9:00-12:00 |
| 4-year-old: | ___Tuesday/Thursday | ___Monday/Wednesday/Friday | ___Monday-Friday 9:00-12:00 |
| Kindergarten: | ___Monday-Friday | | 8:30 -12:00 |

Due by MAY 1!

**HEALTH STATEMENT
(Required for new students only)**

I have examined _____ within the past year and find that he/she is able to participate in the preschool/kindergarten program.

I have noted the following restrictions, if applicable:

Restrictions of activity:

Special attention or care needed:

Date: _____ Signed: _____
(Health-Care Professional)

*****PLEASE ATTACH A SIGNED OR STAMPED
COPY OF THE CHILD'S IMMUNIZATION
RECORD*****

Email to preschool@stlukeslubbock.org or return
to St. Luke's Preschool 3708 45th ST, Lubbock, TX
79413