



St. Luke Catholic Church

St. Luke Catholic Preschool 2017-2018

Application for Admission

(Please return this form with your \$125 Registration fee)

Affiliation to the St. Luke Catholic Community:

St. Luke staff member St. Luke School Alumnas(a)
 Current family enrolled at St. Luke Catholic Preschool St. Luke Parishioner
 Current family enrolled at St Luke School
 Other (please list) _____

Please list days and times needed for Childcare. _____

Please CIRCLE which Preschool Class you are applying:

3s Preschool (*Must be 3 years old by Sept. 1 + potty trained)

4s Preschool (*Must be 4 years old by Sept. 1 + potty trained)

Tuition

Childcare - Monday through Friday – St. Luke Catholic School calendar 7:00 – 4:00pm (\$52/day or \$26/ half day)

3s Preschool – Tuesday/Thursday 9:00 – 11:30am (\$34 a week)

4s Preschool – Monday 9:00 – 11:30am, Wednesday 9:00 – 1:00pm, Friday 9:00 – 11:30am (\$61 a week)

\$125 registration fee per child

* Payment is expected even in the event of illness or absence.

Child's Information

Full Name _____ Gender: Boy _____ Girl _____

Date of Birth _____ / _____ / _____

Home Address _____

City _____ State _____ Zip Code _____

Siblings? Y/N Please list names and ages _____

Parent Information

Mother's Name _____ Home Phone _____

Cell Phone _____ Work Phone _____

Employer _____

Email Address _____

Address (if different than above) _____

Father's Name _____ Home Phone _____

Cell Phone _____ Work Phone _____

Employer _____

Email Address _____

Address (if different than above) _____

Registration & Application 2017-2018

Date Received: _____

***Space is limited.
Register as soon as possible.***

Emergency Contact/ Authorized Person Information

The following are people you authorize your child to be released to in case of an emergency or if a parent cannot be reached. Please notify the director immediately if there is a change to this list. **ONLY AUTHORIZED PERSONS WILL BE ALLOWED TO PICK UP CHILDREN.**

Name _____ Home phone _____
Cell Phone _____ Work phone _____
Relationship to child _____

Name _____ Home phone _____
Cell Phone _____ Work phone _____
Relationship to child _____

Name _____ Home phone _____
Cell Phone _____ Work phone _____
Relationship to child _____

Medical Information

Child's Physician _____ Phone _____

Hospital Preference _____

Known Allergies _____

Known Medical Conditions _____

Medications _____

My child has received/receives special services (ex. Speech Therapy, First Steps): Y/ N
If yes, please describe the services and dates _____

***** It is required that we have an up to date record of your child's vaccinations on file at all times. You will be expected to turn this in before your child can start school at St. Luke Catholic Preschool after each updated vaccine.**

Consents (please initial and then sign)

_____ I give permission for emergency treatment to be given to my child if parents cannot be reached.

_____ I give permission for medication to be administered to my child by St. Luke Catholic Preschool staff when brought in by a parent. Medications will not be stored at the preschool. Medication requires written instructions for administration.

_____ I give permission for my child to be photographed while at school for the purpose of documentation, official school documents, and parent updates.

Parent's Signature _____ **Date** _____ / _____ / _____

Please submit completed application form and \$125 registration fee (payable to St. Luke Catholic Preschool) to the St. Luke Catholic Church Parish Office or mail by March 1, 2017.

Laurie Breen, Director of St. Luke Catholic Preschool
7575 Holliday Drive East
Indianapolis, Indiana 46260

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