



# ST. LUKE CATHOLIC PRESCHOOL

## APPLICATION FOR ADMISSION 2020-2021 SCHOOL YEAR

### CHILD'S INFORMATION:

FULL NAME: \_\_\_\_\_ GENDER: MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

GOES BY: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

SIBLINGS? Y/N Please list names and ages: \_\_\_\_\_

### PARENT INFORMATION:

MOTHER'S NAME: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

ADDRESS (if different than above): \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

ADDRESS (if different than above): \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

### ST. LUKE AFFILIATION:

Please check **ALL** that apply to your family's affiliation to the St. Luke Catholic Community:

<input type="checkbox"/>	ST. LUKE STAFF MEMBER
<input type="checkbox"/>	REGISTERED ST. LUKE PARISHIONER
<input type="checkbox"/>	CURRENTLY ENROLLED AT ST. LUKE CATHOLIC PRESCHOOL
<input type="checkbox"/>	CURRENTLY ENROLLED AT ST. LUKE CATHOLIC SCHOOL
<input type="checkbox"/>	ST. LUKE CATHOLIC SCHOOL ALUMNI
<input type="checkbox"/>	OTHER (please explain) _____

### 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: \_\_\_\_\_ PHONE: \_\_\_\_\_

RELATIONSHIP TO CHILD: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

RELATIONSHIP TO CHILD: \_\_\_\_\_

NAME: \_\_\_\_\_ 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: \_\_\_\_\_

**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 THE ST. LUKE CATHOLIC PRESCHOOL STAFF WHEN BROUGHT IN BY A PARENT. PARENTS WILL BE NOTIFIED BEFORE MEDICINE IS GIVEN TO A CHILD. 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.

**\*\*\*IT IS REQUIRED 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 MAY BEGIN SCHOOL AT ST. LUKE CATHOLIC PRESCHOOL AND AFTER EACH UPDATED VACCINE.**

**PARENT SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

REGISTRATION FEE	\$150 PER CHILD
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**Please submit completed application form and registration fee to the St. Luke Catholic Church Parish Office by February 14, 2020:**

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

*For office use:*

*Date Received:* \_\_\_\_\_ *Check #:* \_\_\_\_\_



ST. LUKE CATHOLIC  
**PRESCHOOL**

**REGISTRATION FORM**  
2020-2021 School Year

**Child's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**CHILDCARE PROGRAMS**

CHILDCARE OPTIONS	COST PER DAY
FULL DAY 7:00AM-4:00PM	\$54
HALF DAY 4 ½ HOURS	\$27

Please indicate days needed for Childcare:

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
FULL DAY					
HALF DAY					

Please specify start date (for childcare only):

AUGUST 5 TEACHER RETREAT	AUGUST 12 ST. LUKE SCHOOL'S FIRST DAY	SEPTEMBER 8 FIRST WEEK OF 4'S PRE-K & 3'S PRESCHOOL

\*DATES SUBJECT TO CHANGE BASED ON ST. LUKE SCHOOL CALENDAR

**PRESCHOOL PROGRAMS**

PLEASE MARK BOX BELOW	PROGRAMS	HOURS OF OPERATION	MONTHLY TUITION (10 MONTHS)
	<b>4's PRE-K</b> *must be 4 years old Sept. 1 *must be potty trained	<u>MONDAY/WEDNESDAY</u> 9:00AM-1:00PM <u>FRIDAY</u> 9:00AM-11:30PM	\$236
	<b>3's PRESCHOOL</b> *must be 3 years old by Sept 1 *must be potty trained	<u>TUESDAY/THURSDAY</u> 9:00AM-11:30AM	\$121

\*CHILDCARE ENROLLMENT INCLUDES PRESCHOOL PROGRAM IF CHILD IS OF 3'S PRESCHOOL OR 4'S PRE-K AGE

\*PLEASE CONTACT LAURIE BREEN, PRESCHOOL DIRECTOR, IF INTERESTED IN BEFORE AND AFTER 3'S PRESCHOOL OR 4'S PRE-K CHILDCARE OR IF YOU NEED ASSISTANCE FILLING OUT APPLICATION