

Rev. Ben Berteau
Rev. Jared Townley
Rev. Brian Bocian
724-352-2777



ST. LUKE CHRISTIAN PRESCHOOL
330 Hannahstown Road
Cabot, Pennsylvania 16023
www.school.stlukecabot.org



Mrs. Kelly Carney, Principal
724-352-2221

TWO-DAY/week PRESCHOOL classes will be held Tuesday and Thursday mornings from 9:00-11:30 AM

Date of Application _____

Pupil's Full Name: _____
(Last) (First) (Middle)

Address: _____ Phone _____
(Street) (City, State) (Zip Code)

Date of Birth*: _____ Birthplace: _____
**Children must be 3 years old before September 1, 2023* (City, State)

Gender ____ Adopted? Yes ____ No ____

Family Information

Father's Name: _____
(Last) (First) (Middle)

Email Address: _____

Employment: _____ Work phone: _____

Mother's Name: _____
(Last) (First) (Middle) (Maiden)

Email Address: _____

Employment: _____ Work phone: _____

Siblings:

Name _____ Birthdate _____ School Attending _____

Name _____ Birthdate _____ School Attending _____

Name _____ Birthdate _____ School Attending _____

Briefly state your reasons you wish to enroll your child in St. Luke's Christian Preschool: _____

Please state how you learned of St. Luke's Christian Preschool Program: _____

Does your child receive any early intervention services, such as Speech/Language, Occupational therapy, etc.?

Yes ____ No ____ If yes, please explain: _____

Church where baptized: _____ Baptism Date _____

Church Family Attends: _____ Regularly / Occasionally / Rarely

Church Address: _____ Pastor: _____

Does your child attend Sunday School? _____ Regularly / Occasionally / Rarely

Would you like more information about our church? _____

Additional comments _____

Does your child have any special needs of which we should be aware? _____

Where does Christian education rank in priority for your children in the years ahead? _____

Acceptance & Finances: Applications will be approved according to our enrollment policy. **A \$50 registration fee payable to St. Luke School is to accompany all applications.** This fee will be refunded until June 1, if you notify us that your child is not able to attend. After June 1, this fee is non-refundable unless St. Luke Lutheran School is unable to accept your child.

Tuition for the 3-year-old, 2 days/week program is:

Yearly	Monthly (10-month plan)	(12-month plan)
\$854.00	\$85.40	\$71.17

I will pay tuition: ___ **In full on Registration Day** ___ **10-month plan** (Payments begin on August 20, 2022)
___ **12-month plan** (Payments begin on June 20, 2022)

Tuition is due on the 20th of each month—August-May for the 10-month plan, and June-May for the 12-month plan. All monthly payments will be made to FACTS tuition management service. Parents have the option of using an invoice payment method or having the payments deducted automatically from their bank account. If tuition for the year is paid in full in August at Orientation, a \$40 discount will be deducted. **All families planning to make monthly payments will be required to enroll online with FACTS Management at <https://online.factsmgt.com>. Families who have a current account with FACTS should not sign up again; their account will be rolled over to next school year.**

St. Luke Lutheran School admits students of any race, color, national and ethnic origin to all the right, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies or admissions policies.

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OFFICE USE:

Date received _____ Enrollment fee received _____

Approved by Board _____ Acceptance letter mailed _____

FACTS enrollment _____

Tuition payment received _____

Request for info sent to church _____

School Information Form

Child's Name _____

Family Status: (married, single, divorced, step-parents, separated, foster, etc.) _____

Does your child have any allergies? _____

Does your child have any food allergies which may affect what he should or should not eat at school?

Is your child allergic to any medications? If so, please list them _____

What communicable diseases has your child had? _____

Any serious illnesses? _____

Any major surgery? _____

Any eye or ear problems? _____

Is your child presently under a doctor's care or on any prescribed medication? If so, please list.

Does he/she sleep well? _____

Any nervous habits? _____

Has your child any fears? _____ Of what? _____

Are there any reasons of health why your child cannot take part in a normal school program?

General physical and emotional health comments: _____

Write below any further information about your child or your family which you believe will be helpful to us in understanding your child's behavior.

