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

ST. LUKE CHRISTIAN PRE-K
330 Hannahstown Road
Cabot, Pennsylvania 16023
www.school.stlukecabot.org

Mrs. Kelly Carney, Principal
724-352-2221

FIVE-DAY/week Pre-K Classes will be held Monday through Friday 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 4 years old before September 1, 2022* (City, State)

Gender ___ Adopted? Yes___ No____

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 Pre-K: _____

_____

Please state how you learned of St. Luke's Christian Pre-K 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 4- & 5-year old, 5 days/week program is:

Yearly	Monthly (10-month plan)	(12-month plan)
$1747.00	$174.70	$145.59

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—June through May for the 12-month plan, and August through May for the 10-month plan. All monthly payments will be made to a 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, stepparents, 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 habit?_____

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.

_____

_____