

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

THREE-DAY/week Pre-K Classes will be held Monday, Wednesday, and 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, 3 days/week program is:

<u>Yearly</u>	<u>Monthly (10-month plan)</u>	<u>(12-month plan)</u>
\$1118.00	\$111.80	\$93.17

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—June through May for the 12-month plan, and August through May for the 10-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.

+++++
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 below:

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.
