



Saint Luke's Little Saints Preschool & Kindergarten

Registration Application



Child's Name _____

Goes by _____

Child's Birthday _____

Age as of 09/01/17 _____

Saint Luke's Church Member: Yes _____ No _____

Male _____ Female _____

Please attach the non-refundable cash or check to this form.

\$100 Saint Luke's Presbyterian Church members

\$125 Community members

Class Desired for 2017 ~ 2018

(Please circle choice)

12-24 months	T/Th
2 year old	T/W/Th
2 year old	T/Th
3 year old	M - Th
3 year old	T/W/Th
Pre-K	M - F
Kindergarten	M - F

Mother _____

Father _____

Address _____ City, State, Zip _____

Mom Cell Phone _____ Dad Cell Phone _____

Mom Email Address: _____

Dad Email Address: _____

Being informed will help us place your child properly; please list services your child may have received or is receiving such as speech, occupational or physical therapy; Babies Can't Wait; etc.

My submittal of this Application indicates my agreement to comply with the tuition policies and school procedures of Saint Luke's Little Saints Preschool.