



Saint Luke's Little Saints Preschool & Kindergarten

Registration Application



Child's Name _____ Goes by _____

Child's Birthday _____ Age as of 09/01/24 _____

Saint Luke's Church Member: Yes _____ No _____ Male _____ Female _____

Please attach the non-refundable application fee of \$135 to this form.

Class Desired for 2024 ~ 2025

(Please indicate 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 & Kindergarten.

rev. 12/2023