



ST. LUKE CATHOLIC PRESCHOOL

APPLICATION FOR ADMISSION 2021-2022 SCHOOL YEAR

CHILD'S INFORMATION:

FULL NAME: _____ GENDER: MALE _____ FEMALE _____
 GOES BY: _____ DATE OF BIRTH: ____/____/____
 HOME ADDRESS: _____
 CITY: _____ STATE: _____ ZIP CODE: _____
 SIBLINGS? Y/N Please list names and ages: _____

PARENT INFORMATION:

MOTHER'S NAME: _____ CELL PHONE: _____
 HOME PHONE: _____ WORK PHONE: _____
 ADDRESS (if different than above): _____
 EMPLOYER: _____ EMAIL ADDRESS: _____
 FATHER'S NAME: _____ CELL PHONE: _____
 HOME PHONE: _____ WORK PHONE: _____
 ADDRESS (if different than above): _____
 EMPLOYER: _____ EMAIL ADDRESS: _____

ST. LUKE AFFILIATION:

Please check **ALL** that apply to your family's affiliation to the St. Luke Catholic Community:

<input type="checkbox"/>	ST. LUKE STAFF MEMBER
<input type="checkbox"/>	REGISTERED ST. LUKE PARISHIONER
<input type="checkbox"/>	CURRENTLY ENROLLED AT ST. LUKE CATHOLIC PRESCHOOL
<input type="checkbox"/>	CURRENTLY ENROLLED AT ST. LUKE CATHOLIC SCHOOL
<input type="checkbox"/>	ST. LUKE CATHOLIC SCHOOL ALUMNI
<input type="checkbox"/>	OTHER (please explain) _____

Emergency Contact/ Authorized Person Information:

The following are people you authorize your child to be released to in case of an emergency or if a parent cannot be reached. Please notify the director immediately if there is a change to this list. **ONLY THOSE AUTHORIZED WILL BE ALLOWED TO PICK UP CHILDREN.**

NAME: _____ PHONE: _____
 RELATIONSHIP TO CHILD: _____
 NAME: _____ PHONE: _____
 RELATIONSHIP TO CHILD: _____
 NAME: _____ PHONE: _____
 RELATIONSHIP TO CHILD: _____

MEDICAL INFORMATION:

CHILD'S PHYSICIAN: _____ PHONE: _____
HOSPITAL PREFERENCE: _____
KNOWN ALLERGIES: _____
KNOWN MEDICAL CONDITIONS: _____
MEDICATIONS: _____
MY CHILD HAS RECEIVED/RECEIVES SPECIAL SERVICES (EX. SPEECH THERAPY, FIRST STEPS): Y / N If yes, please describe the services and dates: _____

CONSENTS: (please initial and then sign)

_____ I GIVE PERMISSION FOR EMERGENCY TREATMENT TO BE GIVEN TO MY CHILD IF PARENTS CANNOT BE REACHED.

_____ I GIVE PERMISSION FOR MEDICATION TO BE ADMINISTERED TO MY CHILD BY THE ST. LUKE CATHOLIC PRESCHOOL STAFF WHEN BROUGHT IN BY A PARENT. PARENTS WILL BE NOTIFIED BEFORE MEDICINE IS GIVEN TO A CHILD. MEDICATION REQUIRES WRITTEN INSTRUCTIONS FOR ADMINISTRATION.

_____ I GIVE PERMISSION FOR MY CHILD TO BE PHOTOGRAPHED WHILE AT SCHOOL FOR THE PURPOSE OF DOCUMENTATION, OFFICIAL SCHOOL DOCUMENTS, AND PARENT UPDATES.

*****IT IS REQUIRED WE HAVE AN UP-TO-DATE RECORD OF YOUR CHILD'S VACCINATIONS ON FILE AT ALL TIMES. YOU WILL BE EXPECTED TO TURN THIS IN BEFORE YOUR CHILD MAY BEGIN SCHOOL AT ST. LUKE CATHOLIC PRESCHOOL AND AFTER EACH UPDATED VACCINE.**

PARENT SIGNATURE: _____ **Date:** _____ / _____ / _____

REGISTRATION FEE	\$150 PER CHILD
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Please submit the completed application form and registration fee to the St. Luke Catholic Church Parish Office by February 11, 2021:

St. Luke Catholic Preschool
Attn: Laurie Breen, Director
7575 Holliday Drive East
Indianapolis, Indiana 46260

For office use:
Date Received: _____ Check #: _____



**ST. LUKE CATHOLIC
PRESCHOOL
REGISTRATION FORM
2021-2022 SCHOOL YEAR**

Child's Name: _____ Date of Birth: ____ / ____ / ____

Program Options

Infant Program 3 months old by 9/1/21				Toddler Program 12 months by 9/1/21			
Days Offered	School Day 9:00am-2:30pm \$35/day	Before School 7:00am-9:00am +\$10/day	After School 2:30pm-4:00pm +\$10/day	Days Offered	School Day 9:00am-2:30pm \$35/day	Before School 7:00am-9:00am +\$10/day	After School 2:30pm-4:00pm +\$10/day
Monday				Monday			
Tuesday				Tuesday			
Wednesday				Wednesday			
Thursday				Thursday			
Friday				Friday			
2's Program 24 months by 9/1/21				3's Preschool & 4's Pre-K <i>*Must be potty trained*</i> 3's Preschool: 3-years-old by 9/1/21 (<i>Tuesday/Thursday</i>) 4's Preschool: 4-years-old by 9/1/21 (<i>Monday/Wednesday/Friday</i>)			
Days Offered	School Day 9:00am-2:30pm \$35/day	Before School 7:00am-9:00am +\$10/day	After School 2:30pm-4:00pm +\$10/day	Days Offered	School Day 9:00am-2:30pm \$35/day	Before School 7:00am-9:00am +\$10/day	After School 2:30pm-4:00pm +\$10/day
Monday				Monday			
Tuesday				Tuesday			
Wednesday				Wednesday			
Thursday				Thursday			
Friday				Friday			

*Final placement will be determined by St. Luke Preschool Staff

Please specify start date:

August 9 Teacher Retreat	August 12 St. Luke School's First Day	September 7/8 3's Preschool and 4's Pre-K's First Day

*Dates subject to change based on St. Luke School Calendar