St. Luke Preschool and Early Childhood Center
20 Candlewood Path
Dix Hills, NY 11746

REGISTRATION FORM – 2010-2011

Today's Date:_____ Date of Tour_____

PRESCHOOL
(must be 3 years by 12/31/10)

SESSION (please check session and/or circle days)

__9:15 – 11:45 a.m. M/W/F or T/Th __12:30 – 3:00 p.m. M/W/F or T/Th

__9:15 a.m. – 1:15 p.m. M/T/W/Th/F __9:15 a.m. – 3:00 p.m. M/T/W/Th/F

__8:00 a.m. – 12:00 p.m. M/T/W/Th/F __12:00 p.m. – 4:00 p.m. M/T/W/Th/F

__8:00 a.m. – 4:00 p.m. M/T/W/Th/F

NOTES REGARDING REGISTRATION

_____

_____

_____

_____

_____

CHILD'S FULL NAME_____

Sex_____Date of Birth_____

FOR MAILING PURPOSES: (Please print clearly)
Parent Name:_____
(Last) (First)
Address:_____
(Street) (Town) (zip code) (school district)
Phone #_____Cell#_____

FAMILY HISTORY
Brothers and/or Sisters:

_____
(Names and Birthdates)
Father's Name_____
Occupation_____Business Phone_____
Religion_____Name of Church_____

Mother's Name_____
Occupation_____Business Phone_____
Religion_____Name of Church_____

How did you learn of our school? (Please be specific)
_____

Year this child attended our school (Please Circle)
None 2007 2008 2009
Year child attended Mommy and Me: Year_____

_____
(Signature of Parent or Guardian)
Please enclose $125 (non-refundable) as payment of Registration Fee
(This is not part of tuition.)
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FOR OFFICE USE:
Date Fee Received:_____ Amount Received_____
Second Child Registered:_____
(Name) (Program)
Church Present Previous New