2009/2010 ST. LUKE PRESCHOOL

20 Candlewood Path

Dix Hills, NY 11746

Today's Date _____

SESSION PREFERENCE	
1st Choice	2nd Choice

NOTES
_____
_____
_____
_____
_____
_____

I hereby make application for the admission of my child to St. Luke Preschool for the school term and submit the following data for your information.

CHILD' S FULL NAME _____

Sex _____ Date of Birth _____

FOR MAILING PURPOSES: (Please print clearly)

NAME _____

ADDRESS _____

_____ ZIP _____

SCHOOL DISTRICT _____

TELEPHONE # _____

CELL/BEEPER # _____

BROTHERS AND/OR SISTERS:

NAME BIRTHDATE

_____

_____

FATHER' S NAME_____

OCCUPATION _____

TELEPHONE (business) _____

RELIGION _____

NAME OF CHURCH _____

MOTHER' S NAME_____

OCCUPATION _____

TELEPHONE (business) _____

RELIGION _____

NAME OF CHURCH_____

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

_____

Year this child has attended St. Luke Preschool Please circle:

None 2006 2007 2008

Year child attended Mommy & Me yr_____ Fall Winter/Spring

_____

(Signature of Parent or Guardian)

Please enclose $125 (non-refundable) as payment of the Registration/Activity Fee. (This is not part of tuition)

= =

FOR OFFICE USE:

Date Fee Received _____ ***Amount Received*** _____

Second Child Registered:

NAME _____

PROGRAM _____ ***CLASS Code*** _____

CHURCH	*PRESENT*	*PREVIOUS*	*NEW*