



**ST. LUKE PRESCHOOL & EARLY CHILDHOOD CENTER**

20 Candlewood Path

Dix Hills, NY 11746

631-462-5216

www.st-luke-lutheran.org

**PLEASE ENROLL MY CHILD IN:**

**CLASS:** Learn & Play

**DAYS:** \_\_\_\_\_M/W/F \_\_\_\_\_T/TH

**TIME:** \_\_\_\_\_9:15-12:15 \_\_\_\_\_12:15-3:15

**Please Note: Classes will only be offered if the minimum enrollment is met.  
We are regulated by OCFS and are required to maintain teacher/child ratios in all instances.**

**CHILD'S LAST NAME:** \_\_\_\_\_ **FIRST NAME:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_ **SEX:** \_\_\_MALE \_\_\_FEMALE

**Does your child have any allergies?** \_\_\_Yes \_\_\_No

If Yes, please specify: \_\_\_\_\_

**FAMILY INFORMATION:**

**FAMILY NAME:** \_\_\_\_\_ **E-MAIL:** \_\_\_\_\_

Second E-mail Address: \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**HOME PHONE#:** \_\_\_\_\_

**FATHER'S NAME:** \_\_\_\_\_ **MOTHER'S NAME:** \_\_\_\_\_

**FATHER'S CELL PHONE#:** \_\_\_\_\_ **FATHER'S WORK PHONE#:** \_\_\_\_\_

**MOTHER'S CELL PHONE#:** \_\_\_\_\_ **MOTHER'S WORK PHONE#:** \_\_\_\_\_

**Are You A Member of St. Luke Lutheran Church?** \_\_\_Yes \_\_\_No

**Do You Have Another Child Attending St. Luke Preschool during the 2012-2013 School Year?** \_\_\_\_\_

Both sides of this registration form must be filled out in order for your child to be registered.

**PERMISSION:**

1. In case of an emergency, if I cannot be reached, I hereby give my permission to St. Luke Preschool to seek emergency medical treatment for my child.
2. The school has my permission to take my child on scheduled trips. This form may be used as my consent slip. *(Parents are notified before each trip).*
3. My child's picture may be included in future publicity for the school including newspapers, our web site, newsletter, and fliers. ( )Yes ( )No Please Initial Here \_\_\_\_\_

Parent Signature: \_\_\_\_\_

**Due At Registration:** Registration Fee: \$150.00

**Your September 2012 tuition payment will be due on June 1, 2012.**

1. The registration fee is due upon registration and is **non-refundable**.
2. I understand that until the registration fee is paid, my child is not registered.
3. I understand that there is a \$5.00 charge per payment for any multiple payment plan.
4. I understand that there is a \$25.00 billing charge for any payment that is not received by the 10th of the month.
5. For each returned/bounced check I agree to pay the bank fee of \$30.00.
6. I understand that there will be no refunds for withdrawals, absences, or school closings.
7. I understand that if I need to withdraw my child from the school, written notice is required, and I am responsible for all monies owed until the written notice is received by the school.

**Please Select A Payment Plan:**

\_\_\_\_\_ One Payment Plan                      \_\_\_\_\_ Two Payment Plan                      \_\_\_\_\_ 10 Month Payment Plan

**AGREEMENT:**

I, THE UNDERSIGNED, HEREBY REGISTER MY CHILD AT ST. LUKE PRESCHOOL AND EARLY CHILDHOOD CENTER AND AGREE TO THE ABOVE PAYMENT SCHEDULE AND CONDITIONS:

I acknowledge that I have received a copy of this agreement. Please Initial Here \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use:**

**Yearly Tuition Rate:** \$ \_\_\_\_\_

**One Payment Plan:** Payment of \$ \_\_\_\_\_ is Due on June 1, 2012

**2 Payment Plan:** 1st Payment of \$ \_\_\_\_\_ Due June 1, 2012 2nd Payment of \$ \_\_\_\_\_ is Due Jan. 1, 2013

**10 Monthly Payments:** Payment of \$ \_\_\_\_\_ Is Due on the First of Each Month

Registration Fee Paid: Date: \_\_\_\_\_ Check # \_\_\_\_\_

Member Discount Applied: \_\_\_\_\_

Second Child Discount Applied: \_\_\_\_\_

NOTES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

