

Payment: Cash _____ Check _____

Please return by: _____ Class _____

Registration Form
St. Luke's Early Childhood Programs-Preschool
2012-2013 School Year

100 W. 86th St.
Indianapolis, IN 46260
Telephone: (317) 844-3399

Child's Name: _____ Birth Date: _____ Gender: M F

Address: _____ City: _____ Zip: _____

Telephone: _____ Email: _____

Father's Name: _____ Mother's Name: _____

Father's Work Phone: _____ Mother's Work Phone: _____

Father's Cell Phone: _____ Mother's Cell Phone: _____

Are you a member of St. Luke's United Methodist Church? Yes No

Is this child currently enrolled in St. Luke's Sunday School? Yes No

Is this child currently enrolled in St. Luke's Early Childhood Programs? Yes No If yes, which class? _____

Please list siblings who have attended St. Luke's Early Childhood Programs. _____

Will a sibling of this child be enrolled in Parents' Day Out and/or Preschool? Yes No

If yes, which program(s)? _____

Does your child have any special needs or is he/she receiving any special services? Yes No

If yes, please explain. _____

Would you like to receive information about St. Luke's United Methodist Church? Yes No

When applicable, you **must** indicate your 1st and 2nd choices below. (One child per form.)

Threes (3 by 9/1/12)

TTH _____ \$1458/yr \$162/month

WF _____ \$1458/yr \$162/month

Three/Fours (4 by 3/1/13)

MWF _____ \$2214/yr \$246/month

MTTh _____ \$2214/yr \$246/month

Fours (4 by 9/1/12)

MWF _____ \$2214/yr \$246/month

MTTh _____ \$2214/yr \$246/month

Four/Fives (5 by 1/1/13)

MTWTH _____ \$2844/yr \$316/month

Hours: 9am-1pm

Registration and payment agreement:

1. Registration fee: (**Non-Refundable**) \$50 per program, per family is due with this form.
2. September's tuition: (**Non-Refundable**) is due with this form.
3. Building/Maintenance/Equipment fee: (**Non-Refundable**) \$100 per family and May 2013 tuitions are due by **June 15, 2012.**

All tuition payments and fees are payable to **St. Luke's Community Preschool** and are non-refundable.
Your check is your receipt.

Parent's Signature: _____ **Date:** _____