

**ST. LUKE EARLY CHILDHOOD CENTER**  
**2020-2021 SCHOOL YEAR APPLICATION**

RE-ENROLLMENT      NEW STUDENT                      Date of Application \_\_\_\_\_

The following materials are needed for each child to complete the application process:

- \*Application Form -Both parent (or legal guardian) signatures required
- \*Original Birth Certificate (copy will be made in office – New Applications only)
- \*\$130.00 Application/Re-Enrollment Fee for first child (Non-refundable) \$100.00 each additional child  
OR VPK – 4 year old program only: 1. Certificate of Eligibility, 2. \$130 deposit to retain space in STLECC Program (non-refundable if your child does not begin on the first day of VPK in August 2020), and 3. The signed St. Luke ECC VPK Policies & Procedures.
- \*Florida Cert. of Immunization (DH680) & current Health Exam (DH3040) must be on file by the start of school. (Obtain these two forms from your child’s physician.)

**NO RELIGIOUS EXEMPTIONS ARE ACCEPTED FOR IMMUNIZATIONS- ONLY MEDICAL EXEMPTIONS.**

CHILD’S NAME: \_\_\_\_\_ NICK NAME \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

Gender: \_\_\_\_\_ U.S Citizen: Yes \_\_\_\_\_ No \_\_\_\_\_ Ethnic Group \_\_\_\_\_

**Best Email for All School/Classroom Communications: One required** - \_\_\_\_\_

Father’s Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ Business Phone: (\_\_\_\_) \_\_\_\_\_

Father’s Place of Employment: \_\_\_\_\_

Mother’s Name: \_\_\_\_\_

Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ Business Phone: (\_\_\_\_) \_\_\_\_\_

Mother’s Place of Employment: \_\_\_\_\_

\* Primary Language spoken in the home: \_\_\_\_\_ Second language spoken in the home: \_\_\_\_\_

\* If your family has any cultural background information to share that would help us better serve you & your family, please note that information here \_\_\_\_\_

\* Has your child ever participated in a child care program before? \_\_\_\_\_ If yes, where? \_\_\_\_\_

\* Does your child have any allergies? Yes \_\_\_ No \_\_\_ If yes, list allergies: \_\_\_\_\_  
 Is medication required? \_\_\_\_\_ Do you have a doctor’s plan of treatment? \_\_\_\_\_ If yes, please submit copy.

\*Has your child ever been evaluated and/or recommended for special needs? (If yes, please explain & submit evaluation) \_\_\_\_\_

\*Has your child ever participated in a special needs program? (If yes, please explain) \_\_\_\_\_

\*If applicable, please attach a copy of the approved Parenting Plan, which is part of the final judgement of the disillusionment of marriage.

-Name of Primary Residential Parent: \_\_\_\_\_

-Name of Secondary Residential Parent: \_\_\_\_\_

Guardian (if other than parents): \_\_\_\_\_

**\*BOTH PARENT SIGNATURES ARE REQUIRED & A SIGNATURE ON THE LAST LINE**

“We attest that all information included on this application form is true and accurate. I understand that any willful omission or untrue statement may warrant the non-acceptance or dismissal of my/our child from the school program at St. Luke Early Childhood Center.”

\*Father/Stepfather/Guardian Signature: \_\_\_\_\_

\*Mother/Stepmother/Guardian Signature: \_\_\_\_\_

\*Person/Persons responsible for financial obligations: \_\_\_\_\_

**TUITION IS DUE THE 1<sup>ST</sup> OF EACH MONTH JULY – APRIL**

First Routine Extended Day Payment is Due August 1<sup>ST</sup>

\_\_\_\_\_ **Catholic** \*Parish where registered: \_\_\_\_\_

\_\_\_\_\_ **Non-Catholic** Denomination \_\_\_\_\_

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**TWO-YEAR OLDS (Child must be 2 on or before 9/1/20)**

9:00 – 12:00 \_\_\_\_\_ 2 Half Days (T-TH)

9:00 – 12:00 \_\_\_\_\_ 3 Half Days (M-W-F)

9:00 – 12:00 \_\_\_\_\_ 5 Half Days (M-F)

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**THREE-YEAR OLDS (Child must be 3 on or before 9/1/20 and be potty trained)**

9:00 – 12:00 \_\_\_\_\_ 3 Half Days (M-W-F)

9:00 – 12:00 \_\_\_\_\_ 5 Half Days (M-F)

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**FOUR-YEAR OLDS (Child must be 4 on or before 9/1/20)**

9:00 – 12:00 \_\_\_\_\_ 5 Half Days (M-F) I applied for the VPK Certificate of Eligibility on \_\_\_\_\_

9:00 – 2:00 \_\_\_\_\_ 5 Days (M-F) (Wraparound fee applies for VPK students)

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**EXTENDED DAY HOURS** (Application Fee of \$130.00 applies to VPK students using the extended care program)

Extended Day hours are available as listed below. Please indicate if you would be interested in extended day hours:

Circle those that apply: 7:30am – 9:00am      12:00pm – 6:00pm      Lunch Bunch: 12:00pm – 2:00pm

Circle days needed:    M                  T                  W                  TH                  F

(Before and aftercare programs are dependent on sufficient participation)

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We will make available a class list with Names/Addresses/Phone Numbers for Car Pooling, Birthdays, and Room Parents (Sign out sheet is in the Center's Office)

\_\_\_\_\_ You have our permission to add the above information to the list

\_\_\_\_\_ We prefer our address unlisted

\_\_\_\_\_ We prefer our phone unlisted

Parent's/Guardian's Signature \_\_\_\_\_

**How did you hear about our Center:**

\_\_\_\_\_ Website      \_\_\_\_\_ Early Learning Coalition      \_\_\_\_\_ KMO Program      \_\_\_\_\_ St. Luke Church

\_\_\_\_\_ Other: \_\_\_\_\_      \_\_\_\_\_ Referred by friend: \_\_\_\_\_

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-----*FOR OFFICE USE ONLY*-----

Application Fee:      \$ \_\_\_\_\_      Date Paid \_\_\_\_\_      Check # \_\_\_\_\_      Cash \_\_\_\_\_

Activity Fee:      \$ \_\_\_\_\_      Date Paid \_\_\_\_\_      Check # \_\_\_\_\_      Cash \_\_\_\_\_

Voluntary PreKindergarten:      Certificate of Eligibility \_\_\_\_\_      Parent Agreement \_\_\_\_\_

Letter of Acceptance Date \_\_\_\_\_      Start Date: \_\_\_\_\_