

ST. LUKE EARLY CHILDHOOD CENTER
2021-2022 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 2021), 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 childcare 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 1ST OF EACH MONTH JULY – APRIL

First Routine Extended Day Payment is Due August 1st

_____ **Catholic** *Parish where registered: _____

_____ **Non-Catholic** Denomination _____

TWO-YEAR OLDS (Child must be 2 on or before 9/1/21)

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)

THREE-YEAR OLDS (Child must be 3 on or before 9/1/21 and be potty trained)

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

9:00 – 12:00 _____ 5 Half Days (M-F)

FOUR-YEAR OLDS (Child must be 4 on or before 9/1/21)

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)

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)

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: _____

-----*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: _____