ST. LUKE EARLY CHILDHOOD CENTER 2024-2025 SCHOOL YEAR APPLICATION

RE-ENROLLMENT	NEW STUDENT	Date of Application
*Application Form -Bo *Original Birth Certifi *\$150.00 Application/F <u>OR</u> VPK – 4-year-old STLECC Program (no 3. The signed St. Luke *Florida Cert. of Immu school. (Obtain these tw	program only: 1. Certificate of n-refundable if your child does not ECC VPK Policies & Procedur unization (DH680) & current H to forms from your child's physicia	Signatures required ce – <u>New Applications only</u>) ld (Non-refundable) \$100.00 each additional child f Eligibility, 2. \$150 deposit to retain space in ot begin on the first day of VPK in August 2024), and res. Health Exam (DH3040) must be on file by the start of
CHILD'S NAME:	NICK NA	AMEDATE OF BIRTH:
Gender: U.S Citizen: Yes	No Ethnic G	Broup
Best Email for All School/Clas	sroom Communications: One r	required
Father's Name:		
Address:		
		Email:
		Business Phone: ()
Mother's Name:		
Address (if different):		
		Email:
		Business Phone: ()
	a home: Second	d language spoken in the home:
* If your family has any cultural		e that would help us better serve you & your family,
* Has your child ever participate	d in a childcare program before?	P If yes, where?
5 5	gies? Yes No If yes, list a Do you have a doctor's plan o	allergies: If yes, please submit copy.
*Has your child ever been evaluated	l and/or recommended for special ne	eeds? (If yes, please explain & submit evaluation)
*Has your child ever participated in	a special needs program? (If yes, pl	lease explain)
*If applicable, please attach a copy marriage.	of the approved Parenting Plan, whi	ich is part of the final judgement of the disillusionment of
-Name of Secondary Residential	Parent:	
"We attest that all information inclu	ided on this application form is true	SIGNATURE ON THE LAST LINE e and accurate. I understand that any willful omission or un from the school program at St. Luke Early Childhood Cent
*Father/Stepfather/Guardian Sig	nature:	
*Mother/Stepmother/Guardian S	lignature:	
	<i>a</i>	

*Person/Persons responsible for financial obligations:

TUITION IS DUE THE 1st OF EACH MONTH <u>JULY – APRIL</u> 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 9/1/24)	
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 OLI	S (Child must be 3 on or before 9/1/24 <u>and be potty trained</u>)	
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 9/1/24)	
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 H	OURS (Application Fee of \$150.00 applies to VPK students using the extended care prog	gram)
Extended Day hours a	re available as listed below. Please indicate if you would be interested in extended day hours:	
Circle those that apply	: 8:00am – 9:00am Lunch Bunch: 12:00pm – 2:00pm	
Circle days needed:	M T W TH F	
	(Before and aftercare programs are dependent on sufficient participation)	
	e a class list with Parent emails for Birthdays and Room Parents (Sign out sheet is in the Cent ed for soliciting purposes).	er's
You have our	permission to share our email address	
Parent's/Guardian's S	gnature	
How did you hear ab		
Other:	Referred by friend:	_
	FOR OFFICE USE ONLY	
Application Fee:		
Activity Fee:	\$ Date Paid Check # Cash	
Voluntary PreKinderg	arten: Certificate of Eligibility Parent Agreement	
Letter of Acceptance	Date Start Date:	