

ST. LUKE EARLY CHILDHOOD CENTER
2026-2027 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)

*\$150.00 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. \$150 deposit to retain space in
STLECC Program (non-refundable if your child does not begin on the first day of VPK in August 2026)

*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 9/1/26)

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

THREE-YEAR OLDS (Child must be 3 on or before 9/1/26 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 9/1/26)

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

EXTENDED DAY HOURS (Application Fee of \$150.00 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: 8:00am – 9:00am _____ Enrichment Program/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 Parent emails for Birthdays and Room Parents (Sign out sheet is in the Center's Office and not to be used for soliciting purposes).

_____ You have our permission to share our email address

Parent's/Guardian's Signature _____

How did you hear about our center:

_____ Website _____ Early Learning Coalition _____ 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: _____