

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: _____