



Celebrating 47 Years in Quality Preschool Education

**ST. LUKE'S PRESCHOOL**

1701 West Old Shakopee Road, Bloomington, MN 55431  
 (952) 881-5801, ext. 108 Email: [kristink@stlukesbloomington.org](mailto:kristink@stlukesbloomington.org)  
 Web: [www.stlukesbloomington.org/preschool](http://www.stlukesbloomington.org/preschool)

**PRESCHOOL APPLICATION FORM 2018-2019**

ALL CHILDREN MUST BE TOILET TRAINED!

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Name preferred (for nametag) \_\_\_\_\_ Boy or Girl \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_  
(Street/City)

Emails \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phones \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Mother's Employer \_\_\_\_\_ Cell/Work # \_\_\_\_\_

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Father's Employer \_\_\_\_\_ Cell/Work # \_\_\_\_\_

Others in home (Names, ages & relationship. If former students, please list years attended)

\_\_\_\_\_

Church family attends \_\_\_\_\_

Previous Preschool/Group experiences \_\_\_\_\_

Special physical/emotional/medical needs \_\_\_\_\_

| <u>CLASS CHOICE</u>  |                 |             | <u>DAYS PREFERRED</u> |
|--|-----------------|-------------|-----------------------|
| <input type="checkbox"/> 2 half days per week                      | 9:10 – 11:45 AM | \$140/month | Monday_____           |
| <input type="checkbox"/> 3 half days/week                          | 9:10 – 11:45 AM | \$185/month | Tuesday_____          |
| <input type="checkbox"/> 4 half days/week                          | 9:10 – 11:45 AM | \$240/month | Wednesday_____        |
| <input type="checkbox"/> 5 half days/week                          | 9:10 – 11:45 AM | \$280/month | Thursday_____         |
| If we cannot accommodate your choice of days, we will contact you. |                 |             | Friday_____           |

*I wish to make an application to enroll my child in St. Luke's Christian Preschool. **Enclosed is a check for \$60.00 for the registration fee. This FEE IS NON-REFUNDABLE. First month's tuition will be due 30 days from acceptance to the program AND IS NON-REFUNDABLE AFTER AUGUST 15, 2018.***

PARENT SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

*St. Luke's Preschool has my permission to print my child's name, address, phone number and our e-mail address on a class list to be given to children attending the same class.*

PARENT SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

*Please make checks payable to St. Luke's Preschool*

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OFFICE USE ONLY

|                    | Date Rec'd | Check # | \$Amount |                         |
|--------------------|------------|---------|----------|-------------------------|
| Application Form:  | _____      | _____   | _____    |                         |
| September Tuition: | _____      | _____   | _____    | Confirmation Sent _____ |