



Celebrating 55 Years in Quality Preschool Education

ST. LUKE'S PRESCHOOL

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

PRESCHOOL APPLICATION FORM 2025 - 2026

ALL CHILDREN MUST BE TOILET TRAINED!

Child's Name _____ Birthdate _____

Name preferred (for nametag) _____ Boy or Girl _____

Address _____ Zip Code _____
(Street/City)

Email: _____

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 _____

CLASS CHOICE

DAYS PREFERRED

- 2 half days per week 9:00 – 12:00 PM \$200/month Monday _____
 - 3 half days/week 9:00 – 12:00 PM \$250/month Tuesday _____
 - 4 half days/week 9:00 – 12:00 PM \$300/month Wednesday _____
 - 5 half days/week 9:00 – 12:00 PM \$340/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 \$65.00 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 8, 2025

PARENT SIGNATURE _____ Date _____

Please make checks payable to St. Luke's Preschool

OFFICE USE ONLY

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