

PLEASE RESERVE A SPOT FOR MY CHILD AT ST. LUKE PRESCHOOL!

Growing with God



St.LukePreschool

Date: _____ Start Date: _____

I WISH TO RESERVE A SPOT FOR MY CHILD IN THE ST. LUKE PRESCHOOL PROGRAM.

I HAVE READ AND UNDERSTAND ALL ENROLLMENT AND TUITION POLICIES: _____ (Initials)

**St. Luke Preschool does not accept New Mexico Department of Health Exemptions from Immunization Requirements. Children must be fully immunized, and proof of up-to-date immunizations is required to enroll.*

Child's Name: _____ Male: _____ Female: _____

Date of Birth (mm/dd/yr): _____

Parent(s)/Guardian(s): _____

Main Contact Phone: _____

Address: _____

Email: _____

SCHEDULE REQUESTED:

Days of the Week: T / TH _____ M / W / F _____ M - F _____ KinderPrep: M - F _____

Hours of Attendance: 9:00 – 12:00 _____ 9:00 – 12:45 _____ 9:00 – 3:00 _____

Extended Care Attendance: M _____ T _____ W _____ TH _____ F _____

AM Extended Care 7:00 – 9:00 _____ PM Extended Care 3:00 – 5:30 _____

How did you find out about our school? Please check all that apply:

- | | |
|---|--|
| <input type="radio"/> Friend/Family Referral Name: _____ | <input type="radio"/> Internet Search/ Preschool Website |
| <input type="radio"/> Live in Neighborhood | <input type="radio"/> Facebook |
| <input type="radio"/> St. Luke Church Member | <input type="radio"/> ABQ Mom |
| | <input type="radio"/> NAEYC Accredited School Search |

***The \$150 NON-REFUNDABLE registration fee must accompany this form to reserve your child's place in our program.**

**Make checks payable to St. Luke Preschool and return with this form to:
St. Luke Preschool, 9100 Menaul Blvd NE, Albuquerque, NM 87112**

For Office Use Only:

Date Received: _____

Check #: _____

Amount: \$ _____

Class Assigned: _____