ST. LUKE CATHOLIC
PRESCHOOL

APPLICATION FOR ADMISSION
2022-2023 SCHOOL YEAR

CHILD'S INFORMATION:

FULL NAME: _____ GENDER: MALE_____ FEMALE _____

GOES BY: _____ DATE OF BIRTH: _____ / _____ / _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

SIBLINGS? Y/N Please list names and ages: _____

_____

PARENT INFORMATION:

MOTHER'S NAME: _____ CELL PHONE: _____

HOME PHONE: _____ WORK PHONE: _____

ADDRESS (if different than above): _____

EMPLOYER: _____ EMAIL ADDRESS: _____

FATHER'S NAME: _____ CELL PHONE: _____

HOME PHONE: _____ WORK PHONE: _____

ADDRESS (if different than above): _____

EMPLOYER: _____ EMAIL ADDRESS: _____

ST. LUKE AFFILIATION:

Please check **ALL** that apply to your family's affiliation to the St. Luke Catholic Community:

	ST. LUKE STAFF MEMBER
	REGISTERED ST. LUKE PARISHIONER
	CURRENTLY ENROLLED AT ST. LUKE CATHOLIC PRESCHOOL
	CURRENTLY ENROLLED AT ST. LUKE CATHOLIC SCHOOL
	ST. LUKE CATHOLIC SCHOOL ALUMNI
	OTHER (please explain)_____

Emergency Contact/Authorized Person Information:

The following are people you authorize your child to be released to in case of an emergency or if a parent cannot be reached. Please notify the director immediately if there is a change to this list. ONLY THOSE AUTHORIZED WILL BE ALLOWED TO PICK UP CHILDREN.

NAME: _____ PHONE: _____

RELATIONSHIP TO CHILD: _____

NAME: _____ PHONE: _____

RELATIONSHIP TO CHILD: _____

NAME: _____ PHONE: _____

RELATIONSHIP TO CHILD: _____

MEDICAL INFORMATION:

CHILD'S PHYSICIAN: _____ PHONE: _____

HOSPITAL PREFERENCE: _____

KNOWN ALLERGIES: _____

KNOWN MEDICAL CONDITIONS: _____

MEDICATIONS: _____

MY CHILD HAS RECEIVED/RECEIVES SPECIAL SERVICES (EX. SPEECH THERAPY, FIRST STEPS): Y / N
If yes, please describe the services and dates: _____

_____

CONSENTS: (please initial and then sign)

_____ I GIVE PERMISSION FOR EMERGENCY TREATMENT TO BE GIVEN TO MY CHILD IF PARENTS CANNOT BE REACHED.

_____ I GIVE PERMISSION FOR MEDICATION TO BE ADMINISTERED TO MY CHILD BY THE ST. LUKE CATHOLIC PRESCHOOL STAFF WHEN BROUGHT IN BY A PARENT. PARENTS WILL BE NOTIFIED BEFORE MEDICINE IS GIVEN TO A CHILD. MEDICATION REQUIRES WRITTEN INSTRUCTIONS FOR ADMINISTRATION.

_____ I GIVE PERMISSION FOR MY CHILD TO BE PHOTOGRAPHED WHILE AT SCHOOL FOR THE PURPOSE OF DOCUMENTATION, OFFICIAL SCHOOL DOCUMENTS, AND PARENT UPDATES.

***IT IS REQUIRED WE HAVE AN UP-TO-DATE RECORD OF YOUR CHILD'S VACCINATIONS ON FILE AT ALL TIMES. YOU WILL BE EXPECTED TO TURN THIS IN BEFORE YOUR CHILD MAY BEGIN SCHOOL AT ST. LUKE CATHOLIC PRESCHOOL AND AFTER EACH UPDATED VACCINE.**

PARENT SIGNATURE: _____ Date: _____ / _____ / _____

REGISTRATION FEE	**$150 PER CHILD**

Please submit the completed application form and registration fee to the St. Luke Catholic Church Parish Office by February 16, 2022:

St. Luke Catholic Preschool
Attn: Laurie Breen, Director
7575 Holliday Drive East
Indianapolis, Indiana 46260

For office use:
Date Received: _____ Check #: _____