

Rev. Ben Berteau  
Rev. Jared Townley  
Rev. Brian Bocian  
724-352-2777



ST. LUKE LUTHERAN SCHOOL  
330 Hannahstown Road  
Cabot, Pennsylvania 16023  
www.school.stlukecabot.org



Mrs. Angela Turner, Principal  
724-352-2221

**FIVE-DAY/week Pre-K Classes will be held Monday through Friday mornings from 9:00-11:30 AM**

School Term: 2024-2025

Date of Application: \_\_\_\_\_

Pupil's Full Name: \_\_\_\_\_  
(Last) (First) (Middle)

\*Date of Birth: \_\_\_\_\_ Birthplace: \_\_\_\_\_  
(Month/Day/Year) (City, State)

*\*Children must be 4 years old before September 1, 2024*

Date of Baptism: \_\_\_\_\_ Church where baptized: \_\_\_\_\_  
(Month/Day/Year) (Name) (City, State)

Gender? Male \_\_\_ Female \_\_\_ Adopted? Yes \_\_\_ No \_\_\_ Child's Primary Residence? Mom \_\_\_ Dad \_\_\_ Both \_\_\_ Other \_\_\_

Family Status: (married, single, divorced, stepparents, separated, foster, etc.) \_\_\_\_\_

Father's Name: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_  
(Last) (First) (Middle) (Maiden)

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Siblings:

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ School Attending: \_\_\_\_\_

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ School Attending: \_\_\_\_\_

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ School Attending: \_\_\_\_\_

Where does Christian education rank in priority for your children in the years ahead? \_\_\_\_\_

Briefly state your reasons you wish to enroll your child in St. Luke's Christian Preschool: \_\_\_\_\_

Does your child receive any early intervention services, such as Speech/Language, Occupational therapy, etc.?

Yes\_\_\_ No\_\_\_ If yes, please explain: \_\_\_\_\_

Please state how you learned of St. Luke's Christian Preschool Program: \_\_\_\_\_

**Finances: A \$50 registration fee payable to St. Luke School is to accompany all applications.** This fee will be refunded until June 1, if you notify us that your child is not able to attend. After June 1, this fee is non-refundable unless St. Luke Lutheran School is unable to accept your child.

Tuition for the 4- & 5-year old, 5 days/week program is:

Yearly	Monthly (10-month plan)	(12-month plan)
\$1890.00	\$189.00	\$157.50

**I will pay tuition:** \_\_\_ **In full on Registration Day** \_\_\_ **10-month plan** (Payments begin on August 20, 2024)  
\_\_\_ **12-month plan** (Payments begin on June 20, 2024)

Monthly tuition is due on the 20th of each month—August-May for the 10-month plan, and June-May for the 12-month plan. All monthly payments will be made to FACTS tuition management service. Parents have the option of using an invoice payment method or having the payments deducted automatically from their bank account. If tuition for the year is paid in full in August at Orientation, a \$40 discount will be deducted. **All families planning to make monthly payments will be required to enroll online with FACTS Management at <https://online.factsmgmt.com>. Families who have a current account with FACTS should not sign up again; their account will be rolled over to next school year.**

Final Action: All applications for enrollment are subject to the approval of St. Luke School Board. Written notification of the Board's action shall be sent in a timely fashion.

*St. Luke Lutheran School admits students of any race, color, national and ethnic origin to all the right, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies or admissions policies.*

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OFFICE USE:

Date received \_\_\_\_\_

Enrollment fee received \_\_\_\_\_

Approved by Board \_\_\_\_\_

Acceptance letter mailed \_\_\_\_\_

FACTS enrollment \_\_\_\_\_

Tuition payment received \_\_\_\_\_

Request for info sent to church \_\_\_\_\_

**School Information Form**

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

Does your child have any allergies? \_\_\_\_\_

Does your child have any food allergies which may affect what he should or should not eat at school?

\_\_\_\_\_

Is your child allergic to any medications? If so, please list them \_\_\_\_\_

What communicable diseases has your child had? \_\_\_\_\_

\_\_\_\_\_

Any serious illnesses? \_\_\_\_\_

Any major surgery? \_\_\_\_\_

Any eye or ear problems? \_\_\_\_\_

Is your child presently under a doctor's care or on any prescribed medication? If so, please list.

\_\_\_\_\_

Does he/she sleep well? \_\_\_\_\_

Any nervous habits? \_\_\_\_\_

Has your child any fears? \_\_\_\_\_ Of what? \_\_\_\_\_

Are there any reasons of health why your child cannot take part in a normal school program?

\_\_\_\_\_

\_\_\_\_\_

General physical and emotional health comments: \_\_\_\_\_

\_\_\_\_\_

Write below any further information about your child or your family which you believe will be helpful to us in understanding your child's behavior.

\_\_\_\_\_

\_\_\_\_\_

Does your child have any special needs of which we should be aware? \_\_\_\_\_

\_\_\_\_\_

**Home Church Information**

Student's Name \_\_\_\_\_

Father: Name of present church and address \_\_\_\_\_

Active: Yes \_\_\_ No \_\_\_      Minister's Name \_\_\_\_\_

Mother: Name of present church and address \_\_\_\_\_

Active: Yes \_\_\_ No \_\_\_      Minister's Name \_\_\_\_\_

Does your child attend Sunday School? Yes \_\_\_ No \_\_\_

Do you, as a family, worship regularly? Yes \_\_\_ No \_\_\_

Would you like more information about our church? Yes \_\_\_ No \_\_\_

**Additional Information**

Would you like a contact from the principal? Yes \_\_\_ No \_\_\_      From the pastor? Yes \_\_\_ No \_\_\_

Additional comments \_\_\_\_\_