

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

St. Luke Lutheran Church & School
330 Hannahstown Road
Cabot, PA 16023
www.school.stlukecabot.org

Mrs. Angela Turner, Principal
724-352-2221



TIME FOR TWO Spring 2024 Session



Date of Application: _____

Pupil's Full Name: _____
(Last) (First) (Middle)

Address: _____ Home Phone: _____
(Street) (City, State) (Zip Code)

Date of Birth: _____ Birthplace: _____
(Month/Day/Year) (City, State)

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

Gender? Male ___ Female ___

Family Status: (married, single, divorced, step-parent, separated, foster, etc.) _____

Family Information

Father's Name: _____
(Last) (First) (Middle)

Email Address: _____ Cell phone: _____

Occupation: _____ Employer: _____ Work Phone: _____

Mother's Name: _____
(Last) (First) (Middle)

Email Address: _____ Cell phone: _____

Occupation: _____ Employer: _____ Work Phone: _____

Names and birthdates of siblings:

Your child must be two-years-old by September 1, 2023 to be eligible for enrollment.

(OVER)

INFORMATION:

Name and address of church presently attending _____

Active? Yes____ No____

By what name do you usually call your child? _____

Does your child have any disabilities—including allergies—of which we should be aware? If so, please explain.

What other information would you like us to know about your child? _____

COST:

The cost for the 8-week session is \$75 and is due by the first class.

Spring 2024 Session:

Thursdays—

April 11, 18, 25

May 2, 9, 16, 23, 30

+++++

OFFICE USE:

ADDITIONAL NOTES:

Date Application received _____

Date Deposit received _____

Date Balance received _____

+++++

