

Rev. Ben Berteau, Lead Pastor
Rev. Jared Townley, Assoc. Pastor
Rev. Brian Bocian, Assoc. Pastor
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 2025 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 April 1, 2025 to be eligible for enrollment.

(OVER)

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 2025 Session:

**Tuesdays—
April 8, 15, 29
May 6, 13, 20, 27
June 3**

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OFFICE USE:

ADDITIONAL NOTES:

Date Application received _____

Date Deposit received _____

Date Balance received _____

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