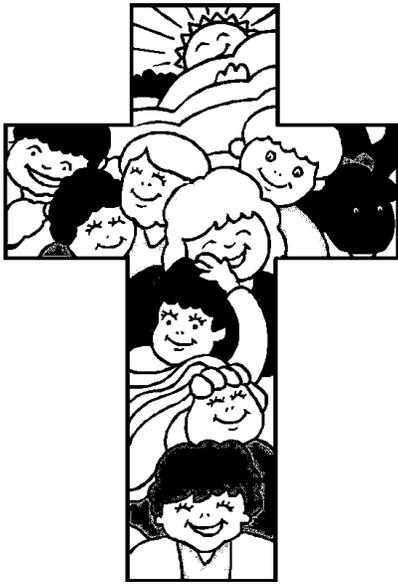


TIME FOR TWO



TIME FOR TWO is a program for two-year-olds and their parents. Using age-appropriate Bible stories, songs, and seasonal units, teachers and families nurture children in their faith in an interactive classroom setting. Weekly sessions encourage children to explore God's world through songs, finger plays, puppets, art and Bible stories, all geared especially toward very young children. The children choose between different activities for the beginning of the time and are never asked to sit for very long.

Opportunities are offered for parents to get to know each other, share experiences and support each other while spending quality time with his/her child, sharing in worship experiences.

The Spring 2026 Session of **Time for Two** begins on **Thursday, March 19** and will continue for nine weeks. *Children must be two years old by the start of the session.*



Thursdays, 9:30-11:00 AM

The cost is \$75 for the 9-week session.

The dates for the Spring 2026 Session are:

March 19, 26

April 2, 9, 16, 23, 30

May 7, 14

If you have any questions or would like an application, please call the school office at 724-352-2221 or go to <https://www.school.stlukecabot.org/time-for-two>.



Rev. Brian Bocian, Pastor
724-352-2777



Mrs. Angela Turner, Principal
724-352-2221

330 Hannahstown Road
Cabot, PA 16023
www.school.stlukecabot.org

TIME FOR TWO Spring 2026 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:

(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 9-week session is \$75 and is due by the first class.

AGE REQUIREMENT:

Your child must be two-years-old by the start of the session to be eligible for enrollment.

SESSION:

Spring 2026 Session takes place each Thursday from 9:30-11:00 AM on the following dates:

March 19, 26

April 2, 9, 16, 23, 30

May 7, 14

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OFFICE USE:

ADDITIONAL NOTES:

Date Application received _____

Date Deposit received _____

Date Balance received _____

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