

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, 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: 2025-2026

Date of Application: _____

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

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

**Children must be 4 years old before September 1, 2025*

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: _____

Rank the order of importance from highest to lowest in making your decision to send your child to St. Luke (1 being most important): Faith Formation ___ Excellence in Education ___ Location ___ Affordability ___

Briefly state your reasons you wish to enroll your child in St. Luke School: _____

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 School: _____

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)
\$1,985.00	\$198.50	\$165.42

I will pay tuition: _____ **In full on Registration Day** _____ **10-month plan** (Payments begin on August 20, 2025)

_____ **12-month plan** (Payments begin on June 20, 2025)

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.factsmgt.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, admissions policies, scholarship and loan programs and athletic and other school-administered programs.

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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

Child'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 _____
