

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 Fall 2025 Session



Date of Application _____

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

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

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

Date of Baptism: _____
(Month/Day/Year)

Church where baptized: _____
(Name) (City, State)

Family Information

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

Email Address: _____ Cell phone: _____

Occupation: _____ Employer: _____ Phone at work: _____

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

Email Address: _____ Cell phone: _____

Occupation: _____ Employer: _____ Phone at work: _____

Names and birthdates of brothers and sisters:

Your child must be two-years-old by September 1, 2025 to be eligible for enrollment.

(OVER)

INFORMATION:

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

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.

Fall 2025 Session:

Thursdays, 9:30-11:00 AM

September 11, 18, 25

October 2, 9, 23, 30 (no class on 10/16)

November 6, 13

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OFFICE USE:

ADDITIONAL NOTES:

Date Application received _____

Date Deposit received _____

Date Balance received _____

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