

REGISTRATION FORM FOR ST LUCAS PRESCHOOL

Please return this Form with your \$75 non-refundable registration fee

Circle Session Choice:

Half Day Programs: MW (Intro to Pre-School) (9-11:30) MWF (9-11:30) M-F (9-11:30)

TTh (Intro to Pre-School) (9-11:30) TTh (9-11:30)

Full Day Programs: MWF (9-2) TTh (9-2) M-F (9-2)

Parents Day Out: Fridays (9-11:30)

I am interested in Before Care from 7:30 – 9:00 am Yes _____ No _____

I am interested in After Care from 2:00 – 4:00 pm Yes _____ No _____

I am interested in the Lunch Bunch from 11:30 – 12:30 pm Yes _____ No _____

I am interested in Afternoon Adventures from 11:30 – 2 (2 days per month) Oct/Nov/Dec (session 1) and Feb/Mar/Apr (session 2) at a rate of \$90 per session: Yes ____ No ____

Child's Name _____ Age Now _____ Birthdate _____

Address _____ City _____ Zip _____ Phone _____

Parents Name _____ Email _____

How did you hear about St. Lucas? _____

Requested Enrollment Date: _____