

*St. Luke Preschool and Early Childhood Center  
20 Candlewood Path  
Dix Hills, NY 11746*

**REGISTRATION FORM – 2010-2011**

Today's Date: \_\_\_\_\_ Date of Tour: \_\_\_\_\_

**LEARN AND PLAY PROGRAM**  
(must be 2 years by 12/31/10)

**SESSION (please check session and circle days)**

\_\_\_ 9:15 a.m. – 11:45 a.m. T/Th                      \_\_\_ 12:30 p.m. – 3:00 p.m. T/Th

\_\_\_ 9:15 a.m. – 11:45 a.m. M/W/F                      \_\_\_ 12:30 p.m. – 3:00 p.m. M/W/F

\_\_\_ 9:15 a.m. – 11:45 a.m.      OR      \_\_\_ 12:30 p.m. – 3:00 p.m. M/T/W/Th/F

**NOTES REGARDING REGISTRATION:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CHILD'S FULL NAME** \_\_\_\_\_  
**Sex** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**FOR MAILING PURPOSES: (Please print clearly)**  
**Parent Name:** \_\_\_\_\_  
(Last) (First)  
**Address:** \_\_\_\_\_  
(Street) (Town) (zip code) (school district)  
**Phone #** \_\_\_\_\_ **Cell#** \_\_\_\_\_

**FAMILY HISTORY**

**Brothers and/or Sisters:**

\_\_\_\_\_  
(Names and Birthdates)  
**Father's Name** \_\_\_\_\_  
**Occupation** \_\_\_\_\_ **Business Phone** \_\_\_\_\_  
**Religion** \_\_\_\_\_ **Name of Church** \_\_\_\_\_

**Mother's Name** \_\_\_\_\_  
**Occupation** \_\_\_\_\_ **Business Phone** \_\_\_\_\_  
**Religion** \_\_\_\_\_ **Name of Church** \_\_\_\_\_

*How did you learn of our school? (Please be specific)*

\_\_\_\_\_  
Year this child attended our school (Please Circle)  
None                      2007                      2008                      2009  
Year child attended Mommy and Me: Year \_\_\_\_\_

\_\_\_\_\_  
(Signature of Parent or Guardian)  
**Please enclose \$125 (non-refundable) as payment of Registration Fee**  
**(This is not part of tuition.)**

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**FOR OFFICE USE:**  
**Date Fee Received:** \_\_\_\_\_ **Amount Received** \_\_\_\_\_  
**Second Child Registered:** \_\_\_\_\_  
(Name) (Program)  
Church Present Previous New

