

*St. Luke Preschool and Early Childhood Center*  
*20 Candlewood Path*  
*Dix Hills, NY 11746*  
**REGISTRATION FORM – 2010-2011**

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

**PRE-KINDERGARTEN**  
(must be 4 years by 12/31/10)

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

   9:15 a.m. – 11:45 a.m. M/W/F       8:00 a.m. – 12:00 p.m. M/T/W/Th/F

   9:15 a.m. – 1:15 p.m. M/T/W/Th/F       12:00 p.m. – 4:00 p.m. M/T/W/Th/F

   9:15 a.m. – 3:00 p.m. M/T/W/Th/F

   8:00 a.m. – 4:00 p.m. M/T/W/Th/F

**NOTES REGARDING REGISTRATION:**

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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: \_\_\_\_\_

Church (Name) (Program)  
Present Previous New

