

**ST. LUKE'S PRESCHOOL REGISTRATION FORM**

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell/Pager: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell/Pager: \_\_\_\_\_

**Class Enrollment (children must be of age by September 1, 2008)**

\_\_\_\_\_ **Monday/Wednesday AM 3 Year Old Class (\$1,700.00)**

\_\_\_\_\_ **Tuesday/Thursday AM 3 Year Old Class (\$1,700.00)**

\_\_\_\_\_ **Monday/Wednesday/Friday AM 4 Year Old Class (\$2,350.00)**

**Preschool Hours: 9:00 am – 12:00 pm (noon)**

**Preschool Directory (please check one)**

\_\_\_\_\_ **I would like to have my name, address, and home phone listed.**

\_\_\_\_\_ **I would not like to be listed.**

**Parent's Name:** \_\_\_\_\_

**Parent's Signature:** \_\_\_\_\_ **Date:**

\_\_\_\_\_\\_\_\_\_\_\\_\_\_\_\_

**\$75.00 Registration fee due with application.**

**PAID BY** \_\_\_\_\_ **cash**

\_\_\_\_\_ **check**

\_\_\_\_\_ **check number (if applicable)**

**Return to St. Luke's Church Office or mail to St. Luke's Lutheran Church, 950 East Street,  
Dedham, MA 02026**