



St Luke Catholic Preschool

PO Box 416
Long Valley, NJ 07853

Registration for Saint Luke Catholic Preschool 2018-2019 Academic Year (Please Print All Information)

Name of Child _____

Child's Address _____

City, State, Zip _____

Sex ____M____F Date of Birth _____

Age by 10/01/18 _____ Years _____ Months

Home Phone _____

Names of Parents _____

Address of Parents (if different) _____

Father's Occupation _____

Work Phone Number _____

Mother's Occupation _____

Work Phone Number _____

Father's Cell Phone Number _____

Mother's Cell Phone Number _____

Does child live with both parents? (Y/N) _____

If "no" please explain custodial/financial arrangements on back of this form, will be kept confidential!

Primary e-mail Address _____

This for our class list and as another form of communication should it be needed.

Do you check your email regularly? _____

Is your family a St. Luke Parishioner? ___ Current St. Luke Preschool Family? ___

Please check choice Session:

_____ 4 days: Monday, Tuesday, Wednesday, Thursday
(4 year and Pre-K and Programs)

_____ 3 days: Tuesday, Wednesday, Thursday (3 year program)

_____ 2 days: Tuesday, Thursday (3 year program)

_____ 1 day: Wednesday - Play and Learn

Please include a \$50 check made out to St. Luke Parish for the non-refundable application fee. This application is not considered complete with the application fee.

Parent Signature: _____

If unable to attend registration please forward to Susan Keating c/o St. Luke Catholic Preschool, P.O. Box 416, Long Valley, New Jersey 07853. If you have any questions, please call us at (908) 876-3515 ext. 41 or e-mail the preschool at preschool@stlukelv.org.