

For Office Use
DOB Verified
Y/N

Check

Saint Luke Christian Day School

9100 Colesville Road
Silver Spring, MD 20910
www.saintlukekids.org
301-588-3866
cds@saintlukekids.org

For Office Use

Lottery
Number:

Application for Admission School Year 2019-2020

- ✓ For each student, please submit: 1) a completed application, 2) a copy of your child's birth certificate, 3) the \$65.00 **Non-Refundable** Application Fee.
- ✓ INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.
- ✓ DEADLINE FOR INITIAL ENROLLMENT LOTTERY IS: **FEB 6, 2019**.

ADMISSION PRIORITY GROUP (CIRCLE ONE)

Note: If not filled out, #5 will be selected for you.

Saint Luke Member (1)	Returning Student (2)	Sibling of Student (3)	Sibling of Alumni (4)	All Others (5)
-----------------------	-----------------------	------------------------	-----------------------	----------------

Student Last Name	Student First Name and "Nickname"	Student Middle Name	Date of Birth MM/DD/YY
Street Address			City/State/Zip
Primary Phone		Primary Email	
Guardian 1 First Name	Guardian 1 Last Name	Cell Phone	Work Phone
Guardian 2 First Name	Guardian 2 Last Name	Cell Phone	Work Phone
Primary email above will be used for the majority of school communications. Please list additional family emails to which you would like emails copied:			

Where else have you applied? _____

Please list any services, activities or preschools your child has attended: _____

Ethnicity: (Circle all that apply) American Indian / White/African American/ Hispanic/ Asian or Pacific Islander /Other: _____

The Saint Luke Christian Day School admits families of any race, color, national or ethnic origin, or sexual orientation to all rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin, or sexual orientation in classrooms or other school administered programs.

2019-2020 School Year Program Offerings: Please indicate a 1st & 2nd choice

Choice 1 & 2	Class Age	Days	Hours	Annual Tuition (monthly)	Birthday on or Before
	Two	Mon/Wed	9:15 a.m. - 11:45 a.m.	\$ 3,285.00 (\$365)	9/1/2017
	Two	Tue/ Thu	9:15 a.m. - 11:45 a.m.	\$ 3,285.00 (\$365)	9/1/2017
	Three*	Tue/ Thu	9:30 a.m. - 12:30 p.m.	\$ 3,375.00 (\$375)	9/1/2016
	Three*	Mon/Wed/Fri	9:30 a.m. - 12:30 p.m.	\$ 3,735.00 (\$415)	9/1/2016
	Pre-K*	Mon/Wed/Fri	9:00 a.m. – 1:00 p.m.	\$ 3,960.00 (\$440)	9/1/2015
	Pre-K*	Monday through Thursday	9:00 a.m. – 1:00 p.m.	\$ 4,905.00 (\$545)	9/1/2015
	Pre-K*	Mon through Fri	9:00 a.m. – 1:00 p.m.	\$ 5,850.00 (\$650)	9/1/2015

**Three-year-old and Pre-K children must be toilet trained before entering school.*

*You must fill out a separate application to be eligible for scholarship aid.
Scholarship aid applications are available in the school office and are **due July 15.***

PARENTAL COMMITMENT

If I enroll my child in Saint Luke Christian Day School:

- I agree to support the policies of Saint Luke Christian Day School and the State of Maryland.
- I agree to faithful, regular tuition payments and fees August 1, 2019 through April 1, 2020. Upon enrollment, I understand I am responsible for tuition for **the entire school year.**
- I agree to notify Saint Luke Christian Day School in writing of any changes in address or family status.
- I understand that one month’s advance tuition deposit will be due with the signed enrollment contract. This tuition deposit is credited toward the April 2020 installment and is **Non-Refundable.**
- I understand that only students whose accounts are current will be permitted to register for priority space.
- I understand the late tuition payment fee is \$30.00 and the returned check fee is \$30.00.
- All information submitted and the statements made in this application for admission are true to the best of my knowledge.

Agreed on this date:

Parent/Guardian Signature

Date

Our family was referred to Saint Luke CDS By: _____