

For Office Use
DOB Verified
Y/N

T.E.
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

Date Received:

Application for Admission - School Year 2024-2025

- ✓ For each student, please submit: 1) a completed application, 2) a copy of your child's birth certificate (new students only) and, 3) the **\$70.00** Non-Refundable Application Fee.
- ✓ **INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.**
- ✓ **Priority Application Period: January 17, 2024- February 7, 2024.**
- ✓ Students will be accepted on a first-come, first-served basis. After February 7, applications will be considered to fill remaining spaces as available.

Student First Name and "Nickname"	Student Middle Name	Student Last 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
Check One: New _____	Returning Student _____	Sibling of Student _____	Sibling of Alumni _____
Primary email above will be used for the majority of school communications. Please list additional family email to which you would like emails copied:			

How did you hear about us? _____

Where else have you applied? _____

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

Race: (Optional, circle all that apply) American Indian or Alaskan Native/ White/ Asian/ Black or African American/ Native Hawaiian or other 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.

School Year 2024-2025 Program Offerings

Please indicate a 1st & 2nd Choice. Classes are subject to meeting a minimum enrollment.

Mark Choice (1 & 2)	Class	School Days	Hours	Annual Tuition (monthly)	Birthday
	2s	Tuesday & Thursday	9:00am-12:00pm	\$3,645.00 (\$405)	2 by 09/01/2024
	2s	Mon, Wed, Fri	9:00am-12:00pm	\$4,725.00 (\$525)	2 by 09/01/2024
	2s	Monday-Friday	9:00am-12:00pm	\$ 7,875.00 (\$875)	2 by 09/01/2024
	3s*	Mon, Tue, Wed	9:00am-1:00pm	\$6,255.00 (\$695)	3 by 09/01/2024
	3s*	Monday-Thursday	9:00am-1:00pm	\$7,875.00 (\$875)	3 by 09/01/2024
	3s*	Monday-Friday	9:00am-1:00pm	\$9,261.00 (\$1,029)	3 by 09/01/2024
	Pre-K*	Monday-Thursday	9:00am-1:00pm	\$7,875.00 (\$875)	4 by 09/01/2024
	Pre-K*	Monday-Friday	9:00am-1:00pm	\$9,261.00 (\$1,029)	4 by 09/01/2024

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.

FAMILY 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 support the policies of the regularly updated Centers for Disease Control and Prevention, Maryland Department of Health & Maryland State Department of Education.
- I understand that all children entering care must have immunization records, which meet the guidelines of the Maryland Department of Health. Each child must have at least one dose of each vaccine appropriate for the child's age and a schedule to complete required immunizations.
- I agree to faithful, regular tuition and fee payments from August 1, 2024 – April 1, 2025.
- 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 2025 installment and is **NON-REFUNDABLE**.
- Upon enrollment, I understand I am financially responsible for tuition and fees for **the Entire School Year**.
- I understand the late tuition payment fee is \$30.00 and the returned check fee is \$30.00.
- I agree to notify CDS in writing of any changes in address or family status.
- 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

Extended Play (optional)

I am interested in aftercare from 1:00-3:30pm for my child enrolled in a 3s or Pre-K class.

Please provide me with an application for this additional service: _____ **Yes** _____ **No**