
PLEASE RESERVE A SPOT FOR MY CHILD!

I WISH TO RESERVE A SPOT FOR MY CHILD IN THE ST. LUKE LUTHERAN PRESCHOOL & KINDERGARTEN PROGRAM, I HAVE READ AND UNDERSTAND ALL ENROLLMENT AND TUITION POLICIES: _____(Initials)

PLEASE PRINT:

Child's Name: _____ Male: _____ Female: _____ Date of Birth (mm/dd/yr): _____

Parent(s)/Guardian(s): _____ Phone#: _____

Address: _____ Zip Code: _____

Class Requested: _____ # of days child will attend (if applicable): 2 _____ 3 _____ 5 _____ Schedule Requested: 9 - 12 _____ 9 - 3 _____

Extended Care attendance: _____ Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____ a.m. _____ p.m. _____ KDG Lunch Bunch _____

Registration fee must accompany this form in order to reserve your child's place in the program.

Make checks payable to St Luke Preschool and return with this form to:

Heather Ryles, Director - St Luke Preschool/ Kindergarten, 9100 Menaul Blvd NE, Albuquerque, NM 87112
