



100 West 86th Street
Indianapolis, IN 46260
317-844-3399

2025-2026 School Year REGISTRATION

Office Use only: Class _____ Days _____ Receipt Date: _____
Registration _____ September tuition _____

Child's Name _____ DOB: _____ Male Female

Address _____ City _____ Zip _____

PARENTS' DAY OUT CLASSES 9:00-1:00 indicate choices below with a <i>minimum</i> of 2 days						
All PDO Classes \$112 per month for each day	Monday	Tuesday	Wednesday	Thursday	Friday	Total
BEGINNERS 10 months by 8/1/25 – 23 months						
TWOS 2 by 10/31/25						

*PRESCHOOL CLASSES 9:00—1:00			indicate 1 st and 2 nd choice below		
THREES— 3 by 8/1/25 Must be potty trained by Sept. 2nd			FOURS— 4 by 8/1/25		
	Mon/Wed/Fri	\$336/month		Mon/Wed/Fri	\$336/month
	Mon/Tues/Thurs	\$336/month		Mon/Tues/Thurs	\$336/month
	Mon/Tues/Wed/Thurs	\$448/month		Mon/Tues/Wed/Thurs	\$448/month
*Note that these are stand alone classrooms. Days cannot be subtracted or added.			older FOURS/FIVES— 5 by 12/31/25 This is not meant to replace Kindergarten		
				Mon/Tue/Wed/Thurs/Fri	\$560/month

----All classrooms must meet a minimum enrollment of students in order to remain open----

AFTER CARE CLASS 1:00-2:00– indicate choice(s) below (children of staff get first priority)

\$28 per month for each day	Monday	Tuesday	Wednesday	Thursday	Friday	Total

REGISTRATION – Registration fee (\$75) and Building/Supply fee (\$125), a total of \$200 **PER CHILD**, is due at time of registration to hold your child's spot.

*September tuition is also due at the time of registration. Both fees are **NON-REFUNDABLE**. * Registered *current* families on ACH will have their registration/supply fee AND September tuition pulled **February 19th, March 19th, or April 23rd**, if not paid prior.

Name _____ Birthdate _____ Male Female Nickname for nametags _____

PRIMARY INFORMATION:

Parent 1 Name _____

Parent 2 Name _____

Relationship to child _____

Relationship to child _____

Address (if different from child's) _____

Address (if different from child's) _____

Cell Number _____

Cell Number: _____

Email: _____

Email: _____

Employment _____

Employment _____

Work phone _____

Work phone _____

Parent's Marital Status: Married Separated Divorced Widowed Single Partners

OTHER INFORMATION:

Current Student: YES NO Do you have an older sibling that is currently attending our ECP? YES NO

St. Luke's United Methodist Church Member: YES NO Would you like to be contacted by St. Luke's UMC: YES NO

How did you hear about us? _____

Primary Language(s) at home _____

Has your child attended school prior to St. Luke's? Yes No Name of School _____

City _____ State _____ phone : _____

Names of the Members in the Household: School District older kids in _____

Name: _____ Age _____ Relationship _____ School attends _____

Name: _____ Age _____ Relationship _____ School attends _____

Name: _____ Age _____ Relationship _____ School attends _____

Name: _____ Age _____ Relationship _____ School attends _____

Emergency Phone List/Pick Up/Release

In case of emergency, please contact the following individuals (these will be called **after** all numbers for parents/guardians have been called).

I, parent or guardian of _____, give permission to the employees of St. Luke's ECP to release my child into the custody of the following individuals:

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

(over)



Important! Please answer truthfully and to the fullest extent of your knowledge your child's health status:

Has your child been under a doctor's care during the past year? Please explain.

Is your child currently using any medications? Please list

Does your child have any allergies? Please explain and fill out Food allergy form if needed.

Does your child have any special health considerations? Please explain

Has your child been seen by a specialist? When and for what?

Do you have any concerns about your child's speech, behavioral or physical development? Do they see anyone for this?

Does your child have an IFSP (Individualized Family Service Plan) or an IEP (Individualized Education Program) in place?

Please read and sign accordingly indicating that you have read and agree to the information:

In the event that my child, _____ becomes ill or sustains injury while at St. Luke's ECP I hereby give my permission for the school to administer first aid and/or obtain the services of emergency medical personnel. I understand that I will be contacted via phone. Should I be unavailable, those listed under emergency contacts will be called. I understand that I am responsible for any costs that may incur.

HEALTH RECORDS/SCREENINGS I understand that it is my responsibility to make sure that my child's immunizations are current and up to date. If my child is not current on his/her immunizations and/or cannot show necessary documentation, my child will be unable to attend St. Luke's ECP per the requirements of the Indiana Health Department. I also give permission for my child to participate in any hearing, speech, or vision screenings/evaluations provided by St. Luke's ECP.

MEDICAL RELEASE The Health Insurance Portability and Accountability Act (HIPAA) affects the children enrolled at St. Luke's Early Childhood Programs. Your signature below authorizes the St. Luke's Early Childhood Programs staff members to communicate any and all health related issues of your child, with other staff members and/or medical personnel. This may be done through written and/or oral communication. By signing below, I am allowing FULL disclosure of my child's personal health information and any medical conditions my child has while participating in St. Luke's ECP.

PHYSICAL ACTIVITY CONSENT I hereby grant permission for my child to use all of the play equipment and participate in the activities on the school on campus. I understand that if my child uses the playground after hours, I am responsible for the safety and well-being of my child.

IMAGE RELEASE/CONTACT INFORMATION St. Luke's Early Childhood has a website, www.stlukesumc.com and a Facebook page. StLukesUMC – Preschool & Parents' Day Out. Both sites are updated with new information, photos, and video. I agree that St. Luke's Early Childhood has permission to feature images of my child on the St. Luke's website, Facebook page, and other promotional features.

_____ YES _____ NO, I DO NOT WANT MY CHILD'S PHOTO OR VIDEO TO BE USED

*Parents often request contact information of other children/families for play dates, and birthday parties. Please check yes or no regarding permission to share your email and/or contact information.

_____ YES, share _____ NO, DO NOT SHARE MY CONTACT INFORMATION WITH OTHER PARENTS

I have read the information above and provided all of the requested information and paperwork. I agree to follow the policies and procedures as outlined in the parent handbook.

Date _____ Signature _____

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