

# ENROLLMENT APPLICATION

## *St. Luke Infant Care Center*

1306 West Lynn • Austin, Texas 78703 • 512/478-3113

Application Date:	Requested Starting Date:
Attendance: (Check one. All times are Monday thru Friday.)	
<input type="checkbox"/> All Day (7:30 – 5:30) <input type="checkbox"/> Morning (7:30 – 12:30) <input type="checkbox"/> Afternoon (12:30 – 5:30)	
Child's Name:	Date of Birth or Due Date:

Parent's Name		Parent's Name	
St. Luke United Methodist Church Member: <input type="checkbox"/> yes <input type="checkbox"/> no		St. Luke United Methodist Church Member: <input type="checkbox"/> yes <input type="checkbox"/> no	
Address		Address	
Email address		Email address	
Employer	Work Number	Employer	Work Number
Home Number	Cell Number	Home Number	Cell Number

How did you hear about our Center? \_\_\_\_\_

Why are you interested in this particular Center? \_\_\_\_\_

What are your feelings on co-oping? \_\_\_\_\_

I have read and understand the Statement of Philosophy and Purpose of the Center. I understand there is a \$25.00 non-refundable application fee for processing and maintenance. I understand that at the time I accept a space at the Center, I will pay a one-time, non-refundable registration fee of \$75.00 as well as a deposit of 200.00 to reserve my child's space. The deposit will go toward my child's last month's tuition at the Center provided the required 30 day notice of withdrawal is given.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Office Use Only:
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