

ST. LUKE'S CHILDREN'S CENTER

206CENTRALAVE.
SUMMERVILLE, SC 29483
843-871-6666



Enrollment Application Form 2026-2027

DATE: _____

Child's Name: _____
FIRST MIDDLE LAST

Name used (nickname): _____ Gender: FEMALE / MALE

Date of Birth: _____ Age (by September 1st) _____

Address: _____

STREET

CITY

STATE

ZIP

Home Phone Number: _____

Mother's Name: _____

Place of Employment: _____

Working Hours: _____ Business Phone: _____

Cell Phone: _____ E-Mail: _____

Father's Name: _____

Place of Employment: _____

Working Hours: _____ Business Phone: _____

Cell Phone: _____ E-Mail: _____

----- **FOR OFFICE USE ONLY** -----

Classroom placement is based upon date of birth, developmental needs, and teacher observation.

AGE-CLASS PLACEMENT: _____

REGISTRATION FEE PAID: Yes _____ No _____

IMMUNIZATION FORM SUBMITTED: Yes _____ No _____

DSS FORM 2900 COMPLETED: Yes _____ No _____

SLCC Confidential Child Information Profile

2026-2027

We ask our families to provide the following information so we can develop a profile of your child. By providing the information requested, you help us fulfill our mission of promoting the optimal learning and development of your child. We regard this profile as confidential and as one means of gathering information to ensure the safety and well-being of your child. Please let us know of any changes occurring in this information during the school year. Thank you.

Child’s Full Name: _____

Date form completed: _____

- How did you hear about St. Luke’s Children’s Center?

- Are there any custody arrangements? _____ If YES, please explain: _____

- Names of other members of the household (Please include sibling’s ages):

- Names of significant people who care for your child (grandparent, neighbor, nanny, etc.):

Name

Relationship to your child

- Does your child have any chronic medical conditions (asthma, seizures, diabetes, etc.) or any serious medical condition that may affect or limit the child’s ability to participate in activities?

_____ Yes _____ No

- Has your child experienced any medical situations (e.g., hospitalizations, seizures, surgeries, fractures, etc.)?

- Is your child routinely taking any medications? If yes, please list the names of the medications.

- Please list any notable side effects from medication.

- Does your child have any known allergies or food intolerance? _____ Yes _____ No

Please note and describe all **allergies** (food, medicine, environmental, etc.) or **food intolerance** and describe the child's typical reaction(s). Also, please list any medications they take for allergies.

- What precautions and procedures do we need to be aware of relative to any allergies described above?

- Does your child have any food exceptions based upon dietary preference or religious beliefs?

- Has your child had any previous preschool or group experience? _____ Yes _____ No
If yes, please tell us what school/s your child has attended and how long he/she was there.

- Please describe anything unique to your child or your family that you think will be helpful in caring for your child in the upcoming year.

- Please include anything you wish for the school to understand about your child and your goals for their learning experiences or education.

- Are there any religious, personal, or social issues you would like the teachers to be aware of, or to be sensitive to, in the classroom to help better understand your child?

- Please describe any developmental concerns (cognitive, physical, fine and gross motor, etc.) you have about your child that will help us to better meet his or her developmental needs.

- Speech: Does your child have any difficulties?

- My child's primary language is:

- My child's secondary language is:

- Other comments:

- Is your child receiving developmental, special education, therapy, or psychological services outside of school to assist with any developmental issues? If yes, please explain.

- It is a policy of this school to retain a record of an IEP/IFSP for every child receiving public or private services (e.g. for developmental delays in areas such as speech, language, gross and fine motor, etc.) so our teachers may work with the therapists to support the delivery of services to your child. Copies of IFSP, IEP, evaluation, etc. will be kept confidential.

My child is receiving services for the following: _____

Please provide names of providers: _____

Permission Form

Child's Name: _____

Please read the following options very carefully and initial each line ONLY if you give your permission for that item. Then, please sign at the bottom of the page. The omission of your initials on any item will indicate to us that you do not authorize that item.

_____ My child has permission to **participate in all activities** of SLCC during the
_____ 2026-2027 school year.

_____ My child has permission to go on **walking field trips** with their class.

_____ SLCC has my permission to **administer medication** prescribed by my child's doctor.
(Please remember all medications must be logged in at the front office.)
_____ permission for SLCC to **arrange any medical care** deemed necessary for my child.

_____ In case of emergency when neither my doctor nor I can be reached, I hereby give

_____ SLCC has my permission to **photograph my child** and to use the photos in displays in
our hallways, classrooms, send home projects, and audio-visual presentations created
_____ by our staff for parents.

_____ SLCC has my permission to **photograph my child** and to use the photos to update the
children's center website, the SLCC Facebook page, advertise in brochures, or to be
_____ published in the newspaper.

In case of an emergency or illness (other than parents)

Call: _____ Phone: _____ Relationship: _____

Child's Physician: _____ Phone: _____

If SLCC is unable to contact either parent or the emergency contact; I understand that SLCC will act on behalf of the health and welfare of my child and notify EMS to administer medical attention and possibly transport my child to the nearest emergency medical facility for treatment.

Parent's Signature _____ Date _____

2026-2027 Authorized Pick-up Form

Child's Name: _____

Parent's Name: _____

Daytime Phone: _____ Cell Phone: _____

Parent's Name: _____

Daytime Phone: _____ Cell Phone: _____

You may authorize up to four other people at least 18 years of age to pick up your child.
If there is a change, please come to the Main Office as soon as possible to complete a new form.

Name and Relationship	Phone number
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

I, _____ authorize the above designated person(s) to pick-up my child from SLCC. I understand that any person not on the above list will not be allowed to pick up my child. All persons may be asked to show a photo ID to compare with the authorized pick-up list.

❖ I am registering my child for the following program:

Full-Day contract for Infants-Fours: 12 equal payments beginning August 1st. _____

Half-Day Contract for Fours: 12 equal payments beginning August 1st. _____

Please check by one of the following options for scheduling tuition payments:

_____ **Monthly.** Equal payments due on or before the **first** of the month.

_____ **Bi-Monthly.** Equal payments due on or before the **first** and **fifteenth** of the month.

❖ Please initial by the following statements:

_____ I understand that I have registered my child for a **12-month** program, and I agree to the terms and will make _____ payments of \$ _____ per month for **12 months.** *(All policies and terms published in the SLCC Parent Handbook apply.)*

_____ I have read the payment guidelines found in the Enrollment Information and will abide by them.

_____ I understand that if I choose to withdraw my student from SLCC during the 2026-2027 school year that I am responsible for following the Withdrawal Policies: **submitting a Withdrawal Form and payment for two weeks advance notice of the last day of attendance.**

_____ I understand that if I choose to withdraw my student from SLCC during the 2026-2027 school year and my child is registered for the 2026-2027 school year that I forfeit that placement.

_____ Full-Day Program (Twos, Threes and Fours Only) and Half-Day Fours- I agree to pay the \$65.00 activity fee on or before June 1st of 2027.

Parent Signature: _____ Date: _____