

2018/19 Holy Cross Lutheran Preschool Enrollment Application

Child's Full Name _____

Birth Date ____/____/____ Name you want your child to learn to use/write at school _____

Home Address _____

City, State _____ Zip _____

Parents'/Guardian Names _____ E-mail _____

Home Phone (_____) _____

Father's Work (_____) _____ Father's Cell (_____) _____

Mother's Work (_____) _____ Mother's Cell (_____) _____

Conditions for enrollment: Your child must be **toilet trained** to enter school in September
Your child must be 3 or 4 by **September 1st**
A copy of your child's **birth certificate** is required by September 1st

Check the class you wish to enroll your child (check only one)

3- YEAR-OLDS \$ 157 month
Two days per week
Tuesday & Thursday 9:00am- 11:30am

4-YEAR OLDS \$ 186 month
Three days per week
Mon/Wed/Thurs 9:00am- 11:30am

4-day 4s (Pre-K) \$ 213 month
Four days per week
M/T/W/Th 9:00am- 11:30am

A **\$50 non-refundable** registration fee is required for each child.

Holy Cross Lutheran Preschool makes no discrimination in admission or determination of enrollment on the basis of race, creed, color or national origin.

Parent's Signatures (responsible party/parties for tuition payments)

Date

+++++

For Office Use Only Sent

Admission Packet _____
June Post Card _____
Summer Greeting _____

Received

Application Fee _____
Birth Certificate _____
May's Tuition _____