

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)

- | | | | | | |
|--------------------------|--|--|--------------------------|--|--|
| <input type="checkbox"/> | 3- YEAR-OLDS
Two days per week
Tuesday & Thursday | \$ 157 month
9:00am-11:30am | <input type="checkbox"/> | 4-YEAR OLDS
Three days per week
Mon/Wed/Fri | \$ 186 month
9:00am-11:30am |
| | | | <input type="checkbox"/> | 4-day 4s (Pre-K)
Four days per week
M/T/W/F | \$ 213 month
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 _____