

## 2019/20 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 1<sup>st</sup>**.  
 A copy of your child's **birth certificate** is required by September 1<sup>st</sup>.

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

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

**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

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<b>For Office Use Only</b> <u><b>Sent</b></u> Admission Packet _____ June Post Card _____ Summer Greeting _____	<u><b>Received</b></u> Application Fee _____ Birth Certificate _____ May's Tuition _____
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