

Holy Cross Lutheran Preschool/Kindergarten Enrollment Application

Child's Full Name _____

Birth Date ____ / ____ / ____ Name you want your child to learn to write _____
(this will be the name used at school)

Home Address _____

City _____, IL ZIP _____ Phone (____) _____

Parents/Guardian Name(s) _____

Father's Work Ph. (____) _____ Mother's Work Ph. (____) _____

Father's Cell Ph. (____) _____ Mother's Cell Ph. (____) _____

Address (if different from child's) _____

Conditions for enrollment: Your child must be **toilet trained** to enter school in September
Your child must be 3, 4, or 5 (depending upon class) by **September 1st**
A copy of your child's **birth certificate** is required at time of registration

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

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> 3-YEAR-OLDS
Two days per week
Tuesday & Thursday | \$135 / month
9:00 AM – 11:30 AM | <input type="checkbox"/> 4-YEAR-OLDS
Three days per week
Mon/Wed/Fri | \$160 / month
9:00 AM – 11:30 AM |
| <input type="checkbox"/> KINDERGARTEN
Full week
Monday – Friday | \$260 / month
8:45 AM – 1:30 PM | <input type="checkbox"/> PRE-K*
Four days per week
Monday – Thursday | \$185 / month
12:30 PM – 3:00 PM |
- *must be 5 before January 1st

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

A \$45 (\$80 FOR KINDERGARTEN) NON-REFUNDABLE registration fee is required for each child enrolled, along with this application. A \$25 discount in tuition is given for families with double enrollment.

Parent Signature _____ Date _____

OFFICE USE ONLY

Date application received _____ Amount received _____ Check/Cash _____

Last month's tuition received _____ Check/Cash _____ Date _____ Amount _____

Admission packet given _____ Birth Certificate received _____