

HOLY CROSS PRESCHOOL
REGISTRATION FORM 2019-2020

Please return this completed registration form along with a non-refundable
\$200 registration fee (\$300.00 after March 15, 2019)
(Please make your check payable to Holy Cross School.)

Child's Name: _____ Nickname: _____

Birth Date: _____ Sex: male ___ female ___

Home Phone Number: _____

Address: _____

Town: _____ Zip Code: _____

Family Email Address: _____

Mother's Name: _____ Occupation: _____

Father's Name: _____ Occupation: _____

Mother's Cell Phone: _____ Father's Cell Phone: _____

Religion: _____ Registered Parish: _____

Baptism Date: _____ Church: _____

Please understand that because our obligation is to accommodate our school families - **priority status for both the 4/Day and the 5/Day will be given to Holy Cross families enrolled, or planning to enroll in grades K through 8.** Current preschool families will have the next priority, then enrollment will be open to the public.

Please note age restrictions when choosing a program:

___ 4 DAY CLASS: 8:15am-11:45am - Monday through Thursday
(must be 3 by October 15th) Tuition rate for 2018-2019: \$6,100.00

___ 5 DAY CLASS: 8:15-11:45am - Monday through Friday
(must be 4 by October 15th) Tuition rate for 2018-2019: \$6,700.00

___ Extended day program (optional for 5-day class only)
Tuesday and Thursday until 2:00pm (additional fee of \$1,000.00 for present school year)

REFUND POLICY

- 1.) If you are paid in full or have made a payment prior to July 14th and you withdraw before July 14th, then you receive a full refund.
- 2.) If you withdraw your child between July 14th and the opening of school in September, one month's tuition will be withdrawn. This applies to whether you have paid in full or made monthly payments over the summer.
- 3.) If you withdraw after the 14th of the month during the school year, you will be responsible for one additional full month's tuition. If you withdraw on or before the 14th of the month, you will be responsible for that current month. Excess tuition balances will be refunded.

Please list any allergies, including special precautions or treatments, as well as any special conditions that you feel the school/teacher should be aware of.

Please list previous preschool classes your child has attended and how long they attended.

Names, ages and schools of siblings:

Please list two emergency contacts to notify in the event that you cannot be reached if any emergency or illness occurs at school:

1. Name _____

Address: _____

Phone Number: Home: _____ Cell: _____

2. Name _____

Address: _____

Phone Number: Home: _____ Cell: _____

Parent Signature: _____ Date: _____



Non-Consent for Use of Students Name(s) and/or Photo(s)

Dear Parent/Guardian,

Throughout the school year, our students receive various awards, participate in school-sponsored events and create outstanding projects and work that Holy Cross School would like to share with the community.

With your permission, we would like to publish your child(ren)'s accomplishments and/or photos in our press releases to local and Diocesan newspapers, the Holy Cross web site and in school publications/marketing materials which may be distributed to the general public via postal service, newspaper, television, the Internet and other forms of mass distribution.

This Non-Consent Form will be kept on file for the present school year AND MUST BE RENEWED ANNUALLY. It can be changed or rescinded at any time by notifying the school office IN WRITING.

If this form is not returned, Holy Cross will assume we have your permission to include your child(ren)'s name and/or photo in items published for school publicity.

 I DO NOT give permission for my child's name or photo to be included in any publicity about Holy Cross.

I DO give permission for my child's name or photo to be included in any publicity about Holy Cross.

Child(ren)'s Name(s) (Please Print)

Grade

Parent's Signature _____ Date _____