

PRESCHOOL APPLICATION



Holy Cross Catholic School

2300 Main Street

Batavia, IL 60510

(630) 593-5290 Fax: (630) 593-5289

Family Name _____

Name of Student Date of Birth Gender (M/F)

_____	_____	_____
_____	_____	_____
_____	_____	_____

Class Offerings: (Please circle below which class you are registering your child for.)

2 Year Old Parent & Me (Wed. 9-10 a.m.) 3 Year Old Tu/Th 8:40 AM – 11:15 AM

3 Year Old Tu/Th 12:15-2:50 PM 4 Year Old M/W/F 8:40-11:15 AM

4 Year Old M/W/F 12:15-2:50 AM 4 Year Old M-F 8:40-11:15 AM

4 Year Old M-F 8:40-2:50 PM

Religion _____ Home Parish: _____

Father's Name: _____ Email: _____

Work Phone: _____ Cell Phone: _____ Home Phone: _____

Address _____ Zip: _____

Occupation: _____ Employer: _____

Mother's Name: _____ Email: _____

Work Phone: _____ Cell Phone: _____ Home Phone: _____

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Address: _____ Zip: _____

Occupation: _____ Employer: _____

Circle One

Child lives with: Mother & Father, Mother & Stepfather, Father & Stepmother, Mother Only, Father Only

If parents are separated or divorced, please indicate with whom the child is living and the terms of custody:

Legal guardian if child is not living with parents: _____

Before School Care and After School Care is available for full-day preschool students and Monday-Friday preschool students.

I am interested I am not interested

Special Needs

Name of Child: _____

Has this child been attending Special Education, Speech, or Title 1 Classes? YES NO

Does this child have special needs/circumstances of which the School should be aware of? YES NO

If yes, please describe any special circumstances that relate to the child's home/school situation on a separate piece of paper and attach to this form.

Attached is our non-refundable registration fee of:

Registration for preschool students is \$150 per family.

If you only have one (1) preschool student and no other students K-8, the registration fee is \$75.

Optionally, please accept my donation to the Guardian Angel Tuition Assistance Fund to help other students attend Holy Cross School. I understand this donation will be used to help families that may, from time-to-time, find it difficult to fulfill their monthly tuition obligation.

\$ _____

SIGNATURE: _____ **DATE:** _____

FOR OFFICE USE ONLY

Registration Fee of \$ _____ Paid by Check # _____ / Cash Added to FACTS _____ Date: _____

Birth Certificate Received _____ School Physical Received (New, PS, PK, K, 6) _____

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