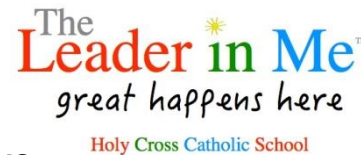




Holy Cross Catholic School 2018-2019



Pre-K & Young 5's Registration

STUDENT INFORMATION

Name _____ (nickname) _____ Birthdate _____
(Must be 4 or 3 by Sept. 30)

Address _____ Sex (M) _____ (F) _____

Local School District: _____

Telephone _____ Cell Phone (must have to receive text alerts) _____

Place of Birth _____ Race _____

Email Address _____ Language Spoken At Home _____

Place of Worship: _____

Would you like information on joining a Catholic Parish? Yes _____ No _____

- My child will need before school care. I would utilize after school care if it is offered.

I am registering my child for the following Pre-K program:

- Mon-Wed-Fri (all day) 8:30 - 3:00 (4 yr.old)
- Mon-Wed-Fri (1/2 day) 8:30 - 11:30 (4 yr. old)
- Tues-Thurs (1/2 day) 8:30 - 11:30 (3 yr. old)
- Mon-Friday (all day) 8:30 - 3:00 (Young 5's)



SCHOLARSHIP FUNDS ARE AVAILABLE
Some families qualify for free tuition.
Visit www.defianceholycross.org or
call the office at 419-784-2021 for
available scholarships. Application deadlines vary.

Pre-Kindergarten Tuition

PreK 3 (Tues & Thurs half day).....\$900
 PreK 4 (Mon, Wed, Fri all day).....\$2,200
 PreK 4 (Mon, Wed, Fri half day).....\$1,350
 Young Fives (all day, everyday).....\$1,850

Non-refundable Registration Fee (due with application).....\$25 Per Student

Book Fees

Prekindergarten.....\$0
 Young 5's\$0

Technology Fees

Young Fives – 6th grade.....\$50

My Tuition Payment Plan:

- Pay in full by the first day of school, school will send invoice by July 1st.
(2% discount if paid in full by July 30, 2018)
- Monthly Direct Withdraw through FACTS payment system (please complete FACTS form).

OFFICE USE ONLY:

- | | | |
|------------------------------------------------------------------|-------------------------------------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> \$25.00 Non-refundable registration fee | <input type="checkbox"/> Pick-up Form | <input type="checkbox"/> Medical Statement |
| <input type="checkbox"/> Registration Form | <input type="checkbox"/> Birth Certificate (copy) | <input type="checkbox"/> Payment Sheet /FACTS Form |
| <input type="checkbox"/> Emergency Authorization Form | <input type="checkbox"/> Immunization Records (copy) | <input type="checkbox"/> Media Release |
| <input type="checkbox"/> Health Information Sheet | <input type="checkbox"/> Administration of Medication Request (if applicable) | |
| <input type="checkbox"/> Information Sheet | | |

