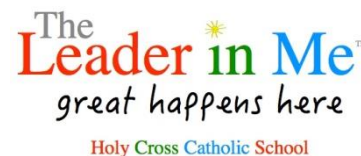




Holy Cross Catholic School 2018-2019



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.....\$5

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 | | |

Caregiver Information

Student Lives With: Mother Stepmother Legal Guardian
 Father Stepfather

If Parents Are Divorced/Separated, Who Has Legal (Court Appointed) Custody: _____

Is There A Restraining Order? (Yes) _____ (No) _____ Against Whom? _____

Father's or Guardian's name

Religion

Race

Father's Occupation

Business Address & Phone

Mother's Name (First & Maiden)

Religion

Race

Mother's Occupation

Business Address & Phone

Other children in family:
Name

Grade

I give my permission to have my name, address and telephone number printed in the school roster.

(Signature)

Thank you for Choosing Holy Cross Catholic School for your family!

Please return registration form along with
non-refundable \$25 registration fee (per student) to Holy Cross Catholic School.

The following forms are included in this packet and need completed and returned by
the first day of school.

- ❖ Emergency Medical Form
- ❖ Family Information Sheet
- ❖ Health History Form
- ❖ Student After School Pick-Up form
- ❖ Copy of Birth Certificate (only required for newly enrolled students)
- ❖ Copy of Immunization Records (only required for newly enrolled students)
- ❖ FACTS Form (if applicable) for automated tuition withdraw from bank account
- ❖ Media Release Form

HCCS admits students of any race, color, national and ethnic origin to all rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.