



Holy Cross Catholic School
PreK-Young 5's Registration 2022-2023

Name (nickname) Birth date

*Roster information is available to other parents. If you would prefer to have your child's information excluded from the roster, please mark here: _____

Student Information

Address City Zip

Local School District: _____

Primary Telephone Family Email Address

My child will need before school care My child will need after school care (all day 4's only)

My child will ride a bus (circle all that apply) to school | from school | some days | everyday

*If you intend to have your child use bus transportation, you must contact the bus garage in your school district. Please call the office for more information, thanks. *

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

- All Day, Everyday Young 5's 8:30 - 3:00
Mon-Wed-Fri (all day) 8:30 - 3:00 (4 yr. old by Sept. 30th)
Tues-Thurs (1/2 day) 8:30 - 11:30 (3 yr. old by Sept. 30th)

SCHOLARSHIPS/SUBSIDY/FINANCIAL AID INFORMATION(not applicable for Pre-K)

This information is required for all applicants. Please check all that apply:

- I/We are applying for one or more scholarships or financial aid.
I/We are applying for a Catholic School Tuition Subsidy.

(Subsidies will be considered after scholarship eligibility/financial aid applications are considered.)

- I/We waive the right to apply for a Catholic School Tuition Subsidy or other scholarship aid.
I/we will pay the full cost of tuition at a rate of \$7,136 per student.

PAYMENT INFORMATION

Please check all that apply. This information will be used to prepare your Tuition Payment Agreement.

- I will pay my owed amount in full by August 31,2022. (Tuition paid in full will receive a 2% discount)
I will pay tuition by Monthly Direct Withdraw beginning in August '22. (There is no fee for this service)
Bill me monthly for tuition. (A \$40 processing fee will be applied per student for monthly billing)

PLEASE SEE OTHER SIDE OF FORM

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

Father’s Occupation

Work Phone Number

Mother’s Name (First & Maiden)

Mother’s Occupation

Work Phone Number

Other children in family:

Name

Grade

I give my permission to have my name, address, email 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). 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)
- ❖ 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.