



Pre-K Registration Form

STUDENT INFORMATION

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 check here: _____*

Address _____ City _____ Zip _____

Local School District: _____

Primary Telephone: _____ Family Email Address: _____

***Has your student been baptized, if so at what parish:** _____

City: _____ **State:** _____ **Date if known:** _____

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

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

☐ All Day, Everyday Young 5's	8:30 - 3:10 (5 yr. old by Sept. 30 th)	\$2500/yr
☐ Mon-Wed-Fri (all day)	8:30 - 3:10 (4 yr. old by Sept. 30 th)	\$2500/yr
☐ Tues-Thurs (1/2 day)	8:30 - 11:30 (3 yr. old by Sept. 30 th)	\$1200/yr

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

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 \$2500 per student (Young 5's)

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, 2026. (Tuition paid in full will receive a 2% discount)

I will pay tuition by Monthly Direct Withdraw beginning in August 2026.

Please bill me monthly for tuition.

(A one-time \$45 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

Phone Number

Father's Workplace

Work Phone Number

Mother's Name (First, Last, & Maiden)

Phone Number

Mother's Workplace

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) to Holy Cross Catholic School.

*The following forms need to be completed and returned by the first day of school. If forms are not completed and turned in by the first day of school, students will not be allowed to attend. *

- ❖ 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
- ❖ Child Medical Statement 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.