

Holy Ghost Preschool
2981 Central Avenue Dubuque, Iowa 52001
Phone: 563-582-2578 Fax: 563-556-4768
avalentine@holyfamilydbq.org

Registration for Preschool/Pre-K 2017/2018 School Year

Child's Name: _____ Nickname: _____

D.O.B. _____ Age: _____ Male: _____ Female: _____

Parents/Guardian: _____ Mother's Phone: _____

Father's Phone: _____ E-mail: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Parish: _____ Siblings at a HF site: _____

I would like to enroll my child in:

Three Year Old Preschool must be 3 before 9/15/2017

_____ 5 days a week (M, T, W, H, F a.m.) \$225.00 monthly

Four Year Old Pre-K must be 4 before 9/15/2017

_____ 5 days a week (3 hours a day) a.m. Class Cost \$ Free
_____ 5 days a week (3 hours a day) p.m. Class Cost \$ Free
_____ 5 days a week (3 hours a day) a.m. Class \$340.00 monthly
(Out of state resident and 5 year olds)
_____ 5 days a week (3 hours a day) p.m. Class \$340.00 monthly
(Out of state resident and 5 year olds)

Classes will be determined based on enrollment. Please mark 1st and 2nd choice.

My child will need to attend wrap around child care before/after preschool/Pre-K.

_____ YES _____ NO

Parent Signature: _____ Date: _____

.....
(Office use only)

Class Assignment: _____ Date: _____

Registration Fee \$25.00 paid by _____ ach _____ check _____ cash

Registration Fee waived prek with no wrap around care _____