

**Saint Anthony Early Childhood
Our Lady of Guadalupe Early Childhood
2160 St. Ambrose Street Dubuque, Iowa 52001
Phone: 563-556-2820 Ext. 200 Fax: 563-565-1987
tpothoff@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: _____ Sibling attending a HF site: _____

I would like to enroll my child in:

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

_____ 2 days a week (T, TH a.m.)	\$155.00 monthly
_____ 3 days a week (M, W, F a.m.)	\$185.00 monthly
_____ 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	_____ English	_____ Spanish
_____ 5 days a week (3 hours a day) a.m. Class (Out of state resident and 5 year olds)	\$340.00 monthly	_____ English	_____ Spanish
_____ 5 days a week (3 hours a day) p.m. Class	Cost \$ Free	_____ English	_____ Spanish
_____ 5 days a week (3 hours a day) p.m. Class. (Out of state resident and 5 year olds)	\$340.00 monthly	_____ English	_____ Spanish

Dual Language Pre-K must be 4 before 9/15/2017

_____ 5 days a week (5 hours a day.) \$ 225.00 monthly 15 hours free + Parent tuition (four year old living in the State of Iowa)
_____ 5 days a week (5 hours a day.) \$ 530.00 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. My tentative schedule is indicated below.

_____ YES _____ NO

Parent Signature: _____ Date: _____

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(Office use only)

Class Assignment: _____ Date: _____

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

Registration Fee waived prek with no wrap around care _____