

**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 2019/2020 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 9/15/2019**

\_\_\_\_\_ 5 days a week (M, T, W, H, F a.m.) \$233.00 monthly

**Four Year Old Pre-K must be 4 before 9/15/2019**

\_\_\_\_\_ 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 \$343.00 monthly  
(Out of state resident and 5 year olds)

\_\_\_\_\_ 5 days a week (3 hours a day) P.M. Class. \$343.00 monthly  
(Out of state resident and 5 year olds)

**Classes will be determined based on enrollment. Please mark 1<sup>st</sup> and 2<sup>nd</sup> 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 \$30.00 paid by \_\_\_\_\_ ach                      \_\_\_\_\_ check                      \_\_\_\_\_ cash

Registration Fee waived prek with no wrap around care \_\_\_\_\_