

Resurrection Early Childhood
4320 Asbury Road Dubuque, Iowa 52002
Phone: 563-583-5206 Fax: 563-557-7995
tpierro@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 attending another HF site: _____

I would like to enroll my child in:

Three Year Old Preschool must be 3 before 9/15/2019

- | | |
|--|------------------|
| _____ 2 days a week (T, TH a.m.) | \$168.00 monthly |
| _____ 3 days a week (M, W, F a.m.) | \$198.00 monthly |
| _____ 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) A.M. Class
(Out of state resident and 5 year olds) | \$343.00 monthly |
| _____ 5 days a week (5 hours a day.)
15 hours free –Parent tuition (four year old living in the State of Iowa) | \$228.00 monthly |
| _____ 5 days a week (5 hours a day.)
(Out of state resident and 5 year olds) | \$533.00 monthly |

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: _____

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(Office use only)

Class Assignment: _____ Date: _____

Registration Fee \$30.00 paid by _____ ach _____ check _____ cash

Registration Fee waived prek with no wrap around care _____