

**Please check the class that you would like. Choose the child care options that best fits your

Preschool Class Options	Class	Stay N Play (Full Day) 7:30am - 6:00pm	PALs (Play a Little) Partial Day w/ Lunch	Early Drop Off 7:30am - 8:20am	Lunch Bunch Only 11:00 - 12:00
3 YR OLD Tues & Thur 8:30am - 11:00am Must be 3 by Aug. 31		M T W TH F	M T W TH F AM or PM	M T W TH F	M T W TH F
3 YR OLD Mon-Wed-Fri 8:30am - 11:00am Must be 3 by June 31		M T W TH F	M T W TH F AM or PM	M T W TH F	M T W TH F
3 YR OLD Mon-Wed (optional Fri) 12:00pm -2:30pm Must be 3 by Aug. 31		M T W TH F	M T W TH F AM or PM	M T W TH F	M T W TH F
4 YR OLD Mon-Wed-Fri 8:30am - 11:00am Must be 4 by Aug. 31		M T W TH F	M T W TH F AM or PM	M T W TH F	M T W TH F
4 YR OLD Mon-Wed-Fri 12:00pm - 2:30pm Must be 4 by Aug. 31		M T W TH F	M T W TH F AM or PM	M T W TH F	M T W TH F
4 YR OLD Monday - Friday 12:00pm - 2:30pm Must be 4 by Aug. 31		M T W TH F	M T W TH F AM or PM	M T W TH F	M T W TH F
5 YR OLD Mon - Fri Transitional Kindergarten 8:30am - 11:00am Must be 5 by Dec 1.		M T W TH F	M T W TH F AM or PM	M T W TH F	M T W TH F

The enrollment fees are due with this form. The enrollment fee is non-refundable

Holy Cross Early Education Center, as represented by a staff member, has permission to: (please initial each category)
 ___ take my child on school outings and field trips that involve transporting (walking, bus) my child away from the school
 ___ photograph my child participating in school activities for the promotional use of Holy Cross Early Education Center on the
 ___ discipline my child in accordance to the written policy stated in the parent handbook.
 ___ I understand that tuition is to be paid the 1st of each month, that refunds of tuition cannot be made, and that a 30 day notice
I acknowledge that any delinquent payment of tuition past a 45 day period will result in termination of my child's

Holy Cross Early Education Center shall be open to any child provided the school can meet the needs of that child. Holy Cross Early Education Center admission policies shall be non-discriminatory in regards to race, color, religion, national origin, ancestry, physical handicap, or sex in accordance with Kansas Civil Statute K. S. A. 44-1009.

Parent's / Guardian's Signature

Parent's / Guardian's Signature

For office use only

Registration - Check or Cash Ck # _____ Amt Pd \$ _____

Activity Fee - Check or Cash Ck # _____ Amt Pd \$ _____

State Records _____ Shots updated _____