



**HOLY CROSS PRESCHOOL**  
**W156 N8131 Pilgrim Road**  
**Menomonee Falls, WI 53051**  
**262-502-4104**

[www.preschool@holycrosslutheran.org](mailto:www.preschool@holycrosslutheran.org)

## 2010-2011 REGISTRATION FORM

### "Nurturing children, guided by faith and God's love"

Registration for currently enrolled preschool children/families, Holy Cross Lutheran Church members, and previously enrolled Holy Cross Preschool families will be on **Saturday, February 6, 2010, from 9-11 am.** Registration for the community begins on **Monday, February 22, 2010, at 9am.**

*Registrations are accepted on a first come, first serve basis. Enrollment space is limited.*

Please return this form with a non-refundable registration fee of \$75.00 per child or \$100.00 maximum per family.

Checks can be made payable to HOLY CROSS PRESCHOOL.

- DAYS DESIRED** (check one):  **3 DAY PROGRAM** Monday/Wednesday/Friday, 9am – 12pm  
\$175.00 per month, with an additional yearly supply and program fee of \$50.00 due with September's tuition.
- 2 DAY PROGRAM** Tuesday/Thursday, 9am – 12pm  
\$120.00 per month, with an additional yearly supply and program fee of \$50.00 due with September's tuition.

**Child's Name:** \_\_\_\_\_  Male  Female

Birth Date: \_\_\_\_\_ Age as of September 1, 2010 \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home email address: \_\_\_\_\_

**Father's Name:** \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Work # \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Work # \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Are you a member of Holy Cross Lutheran Church?  Yes  No

If no, current church home? \_\_\_\_\_

How did you hear about Holy Cross Preschool? \_\_\_\_\_

OFFICE USE ONLY: Date Received: \_\_\_\_\_ Registration Fee Y/N, Amount: \$ \_\_\_\_\_