

**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 2018/2019 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 9/15/2018**

- |  |                  |
|--|------------------|
| _____ 2 days a week (T, TH a.m.)         | \$165.00 monthly |
| _____ 3 days a week (M, W, F a.m.)       | \$195.00 monthly |
| _____ 5 days a week (M, T, W, H, F a.m.) | \$230.00 monthly |

**Four Year Old Pre-K must be 4 before 9/15/2018**

- |   |                  |
|---|------------------|
| _____ 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<br>(Out of state resident and 5 year olds) | \$340.00 monthly |

**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: \_\_\_\_\_

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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 \_\_\_\_\_