Saint Anthony Early Childhood Our Lady of Guadalupe Early Childhood 2160 Rosedale Avenue Dubuque, Iowa 52001 Phone: 563-556-2820 Ext. 200 Fax: 563-565-1987 tpothoff@holyfamilydbq.org

Registration for Preschool/Pre-K 2018/2019 School Year

Child's Name: Nickname:					-
D.O.B	8Age:		Fem	nale:	-
Parents/Guardian:			ther's Phone:		
Father's Phone:	E-mail:				
Address:					
City:	State:		Zip Code:		
Parish:Sibling attending a HF site:					-
I would like to enroll my child Three Year Old Preschool mu		5/2018			
2 days a week (T, TH a.n	n.)		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 Veen Old Due V must he	$4 h_{0} f_{0} r_{0} 0/15/2019$)			
Four Year Old Pre-K must be 5 days a week (3 hours a			ost & Frag	English	Spanish
5 days a week (3 hours a 5 days a week (3 hours a			ost \$ Free		
(Out of state resident and 5 year)		Φ	340.00 monthly		
5 days a week (3 hours a		С	ost \$ Free	English	Spanish
5 days a week (3 hours a (Out of state resident and 5 year)	day) P.M. Class.		340.00 monthly		
Dual Language Pre-K must be	4 before 9/15/2018	8			
5 days a week (5 hours a	day.) \$ 225.00 mor	nthly15 hours t	free + Parent tuition (f	four year old living in	n the State of Iowa)
5 days a week (5 hours a					
Classes will be determined bas	sed on enrollment.	. Please m	ark 1 st and 2 nd	choice.	
My child will need to attend w	ron around shild	aara hafar	olaftar prosaha	ol/Dro K M	x tontativo
schedule is indicated below.			eranter preseno	01/11C-IX, IVI	y tentative
YES	NO				
Parent Signature:		Date	e:		
((Office use only)			~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		
Class Assignment:		Date:			
Registration Fee \$25.00 paid by	/ach		check	cash	
Registration Fee waived prek with	ith no wrap around	care			