

Saint Joe the Worker Early Childhood
2105 Saint Joseph Street Dubuque, Iowa 52001
Phone: 563-582-1246 Fax: 563-588-3960
joconnell@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: _____ Sibling at a HF parish: _____

I would like to enroll my child in:

Three Year Old Preschool must be 3 before 9/15/2018

_____ 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 (Out of state resident and 5 year olds) | \$340.00 monthly |
| _____ 5 days a week (3 hours a day) P.M. Class. (Out of state resident and 5 year olds) | \$340.00 monthly |
| _____ 5 days a week (5 hours a day.) 15 hours free –Parent tuition (four year old living in the State of Iowa) | \$225.00 monthly |
| _____ 5 days a week (5 hours a day.) (Out of state resident and 5 year olds) | \$530.00 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 \$25.00 paid by _____ ach _____ check _____ cash

Registration Fee waived prek with no wrap around care _____