

**Saint Columbkille Early Childhood**  
**1220 Rush Street Dubuque, Iowa 52003**  
**Phone: 563-583-1620 Fax: 563-583-4884**  
**mweidenbacher@holymfamilydbq.org**

**Registration for Preschool/Pre-K 2017/2018 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 a HF site: \_\_\_\_\_

**I would like to enroll my child in:**

**Three Year Old Preschool must be 3 before 9/15/2017**

_____ 2 days a week (T, TH a.m.)	\$155.00 monthly
_____ 3 days a week (M, W, F a.m.)	\$185.00 monthly
_____ 5 days a week (M, T, W, H, F a.m.)	\$225.00 monthly

**Four Year Old Pre-K must be 4 before 9/15/2017**

_____ 5 days a week (3 hours a day) a.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 (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 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: \_\_\_\_\_

.....  
(Office use only)

Class Assignment: \_\_\_\_\_ Date: \_\_\_\_\_

Registration Fee \$25.00 paid by \_\_\_\_\_ ach          \_\_\_\_\_ check          \_\_\_\_\_ cash

Registration Fee waived prek with no wrap around care \_\_\_\_\_