



Holy Cross Lutheran Preschool
8516 Loch Raven Boulevard
Towson, MD 21286
410-825-7905
Holycrosstowson.com
Holycross_director@comcast.net

Enrollment Form

Name of child / Nickname _____

Birthdate: _____ **Sex:** _____

Father's Name: _____

Mother's Name: _____

Address: _____ **Zip Code** _____

Home Telephone Number: () _____

Cell Phone Number(s): () _____ () _____

Email Address _____

Church Membership: Father _____ Mother _____

If your child does not attend Sunday School, would you like information on our Sunday Children's Church?

Holy Cross Preschool has my permission to use photos of my child in advertising or Facebook for our Preschool. Yes _____ No _____

Have you or your pediatrician had any concerns about your child's development, which led to a formal evaluation by a developmental specialist? **If yes, please explain**

I wish to enroll my child in the class indicated below and have enclosed the **\$125.00 registration fee** to hold the place. I understand that this fee is non-refundable once my application has been accepted.

 Parent or Guardian's Signature / Date

Please write 1 for 1st choice, 2 for 2nd choice, or any day is fine

- | | | |
|-----------------------------|-------------------------------|------------------------------|
| <u>Two Year Olds</u> | <u>Three Year Olds</u> | <u>Four Year Olds</u> |
| _____ Mon/Wed | _____ Mon/Wed/Fri | _____ Mon/Wed/Fri |
| _____ Tues/Thurs | _____ Tues/Thurs | _____ Tues/Thurs/Fri |
| _____ 3-day w/Fri | _____ 5-Day | _____ 5-Day |
| _____ Fri Only | | |

_____ Possibly interested in Early Arrival Program (8:00 A.M.) -- Additional \$6 per day