

Holy Name of Jesus School Pre-School Registration Four Year Old – Three Day Program

4yr old

Registration Information: *please retain this portion for your records*

- Registration Fee: • \$75.00 Non-Refundable
- Tuition Cost:
- \$1,152.00 lump sum payment *or* \$128.00 monthly for 9 months
 - The first tuition payment must be paid by June 1 in order to assure enrollment. (This payment will be applied to your May 2011 tuition bill. September's tuition is due the first day of school and subsequent tuitions are due the first of each month.)
 - Tuition refunds will not be made after July 15.
 - Payment is due monthly and payable to:

Holy Name of Jesus School
6190 Allentown Blvd.
Harrisburg, PA 17112
Phone#: 657-1704 Fax #:657-9135
- Web Address: www.holynameofjesus.com
- Financial aid is available for qualified applicants. Please contact the school office for guidelines.

Additional Information:

Three Day program is: Monday, Wednesday, and Friday
Children must be age four by August 31st and toilet trained

Child's Legal Name: _____	Male: <input type="checkbox"/>	Female: <input type="checkbox"/>
The child is called (nickname): _____	Date of Birth: _____	
Does the child have any specific fear/s that we should know about: _____		

Family Record:		
Father's Name: _____	Occupation: _____	
Mother's Name: _____	Occupation: _____	
Address: _____		City/State: _____ Zip: _____
<input type="checkbox"/> Home Phone#: _____	<input type="checkbox"/> Dad Work #: _____ Ext. _____	<input type="checkbox"/> Mom Work #: _____ Ext. _____
<input type="checkbox"/> Dad Cell Phone #: _____	<input type="checkbox"/> Mom Cell Phone #: _____	<i>Please ✓ the appropriate box for emergency or 1st call number.</i>
Email Address: _____		
Other children in the family:		
Name	Date of Birth	
_____	_____	
_____	_____	
_____	_____	
Name/s of other adult/s in the home: _____		

Social Record:		
Has your child had previous nursery or kindergarten experience?		Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, when and where: _____		

Please indicate your 1st and 2nd choice.	<input type="checkbox"/> I prefer AM (8:00 – 11:00) <input type="checkbox"/> I prefer PM (11:45 – 2:45) <input type="checkbox"/> Either AM or PM is fine	We will make every attempt to honor your 1 st choice request.	Office Use Only: Date: _____ Time: _____ Initials: _____
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EMERGENCY CONTACT INFORMATION:

In case of an emergency, if you are unable to reach me, please contact one of the following two people:

Name: _____

Relationship: _____

Address: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Name: _____

Relationship: _____

Address: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____