



Holy Cross School

Pre-K Registration—2024-2025

Parent/Guardian 1 (Please print clearly)

Name: _____ Relationship: _____

Street Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____

Phone Numbers: Cell _____ Home: _____ Work: _____

E-Mail Address: _____

Parent/Guardian 2 (Please print clearly)

Name: _____ Relationship: _____

Street Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____

Phone Numbers: Cell _____ Home: _____ Work: _____

E-Mail Address: _____

Last Name	First Name	Full Days (Please check) 8:00am—2:20pm	Half Days (Please check) 8:00 am-11:15 pm
Male <input type="checkbox"/> Female <input type="checkbox"/> _____ 3 Year Old	_____	5 Full Days <input type="checkbox"/>	5 Half Days <input type="checkbox"/>
Date of Birth <small>(Birth Certificate required)</small> _____ 4 Year Old	_____	3 Full Days (M,W,F) <input type="checkbox"/>	3 Half Days (M,W,F) <input type="checkbox"/>
* Race _____	** H/NH _____	2 Full Days (T, R) <input type="checkbox"/>	

Last Name	First Name	Full Days (Please check) 8:00am—2:20pm	Half Days (Please check) 8:00 am-11:15 pm
Male <input type="checkbox"/> Female <input type="checkbox"/> _____ 3 Year Old	_____	5 Full Days <input type="checkbox"/>	5 Half Days <input type="checkbox"/>
Date of Birth <small>(Birth Certificate required)</small> _____ 4 Year Old	_____	3 Full Days (M,W,F) <input type="checkbox"/>	3 Half Days (M,W,F) <input type="checkbox"/>
* Race _____	** H/NH _____	2 Full Days (T, R) <input type="checkbox"/>	

* Race: AF-African-American, AI-American Indian/NA Native Alaskan, A-Asian, C-Caucasian, H-Hispanic, MR-Multi-Racial, NH-Native Hawaiian/PI Pacific Islander, Other (Specify above) ** H/NH Hispanic/Non-Hispanic



Yes No Need Before and After school care? *(If yes, a separate registration form will be provided)*

Public School District you reside: Brockport_____, E. Irondequoit_____, Gates_____, Greece_____, Hilton_____, Kendall,_____, Penfield_____, Rochester_____, Rush Henrietta,_____, Spencerport_____, Webster_____, W. Irondequoit _____

Important

I understand it is the policy of Holy Cross School that family accounts must be kept current and paid by the appropriate dates agreed upon in the FACTS Management Program.

I agree to abide by the rules, policy and regulations adopted by Holy Cross School and set forth in various catalogs, publications, and mailings. I understand the above named student(s) disregard or violation of the rules and regulations of the school may be deemed cause for suspension or dismissal.

Responsible Party (Please print):_____ Responsible Party Signature:_____ Date:_____

Responsible Party (Please print):_____ Responsible Party Signature:_____ Date:_____

Holy Cross School Principal's Approval

Principal Thomas J. Verzillo:_____ Date:_____ Business Manager:_____ Date:_____

Office use only!

Date : _____ Amount Paid: _____ Check #: _____ On-Line payment verified: _____

All forms received: _____ District code: _____ Start Date: _____