



Holy Cross Cathedral Academy

Weekday Preschool

Application Form

Mother's Name _____

Address _____ City _____ Zip _____

Home Phone _____ Cell Phone _____

Email _____ Best method of communication? _____

Father's Name _____

Address _____ City _____ Zip _____

Home Phone _____ Cell Phone _____

Email _____ Best method of communication? _____

Child's Name _____ **Age** _____ **Sex** _____

Date of Birth _____

Registration for (Circle one) 2yr 3yr 4yr 5yr (as of September 1st)

Name of previous center/ preschool attended by your child:

I agree that the above information is correct. This application is also an agreement with the Holy Cross Cathedral Academy Weekday Preschool to abide by its rules of operation and to assume the financial obligations involved.

Parent's Signature _____ Date _____

Please attach \$100 non-refundable deposit to secure your child's place in our program. Checks can be made out to "Holy Cross Academy." Write "deposit" in the memo line.