



Linda Horneck,  
Director

# Hosanna! Preschool

## PRE-REGISTRATION FORM

### 2017-2018 SCHOOL YEAR

(630) 584-1575

**Please mail form to:**  
Hosanna! Preschool  
36W925 Red Gate Rd.  
St. Charles IL 60175

<b>2 ½ year olds</b> 14 children -    2 teachers / class      (2 ½ hour class time)			
Tuesday/Thursday	9:00 – 11:30 am	<b>Must be two</b> by March 1	\$148 / month

<b>3 &amp; 4 year olds</b> 14 children -    2 teachers / class      (2 hr. 45 min. class)			
Tuesday / Thursday	8:45 - 11:30 am 12:15 – 3:00 pm	<b>Must be three</b> by Sept. 1	\$153 / month
Monday/Wednesday/Friday	8:45 - 11:30 am 12:15 – 3:00 pm	<b>Must be three</b> by Sept. 1	\$194 / month

<b>4 &amp; 5 year olds</b> 16 children -    2 teachers / class      (2 hr. 45 min. class)			
Monday/Wednesday/Friday	8:45 – 11:30 am 12:15 – 3:00 pm	<b>Must be four</b> by Sept. 1	\$194 / month
Mon/Tues/Wed/Thurs <b>OR</b> Mon/Tues/Thur	12:15 – 3:00 pm	<b>Must be four</b> by Sept. 1	\$219 / month \$194 / month
Mon/Tues/Wed/Thurs	8:45 – 11:30 am	<b>Must be four</b> by Sept. 1	\$219 / month
Mon /Tues /Wed /Thurs/ Fri <b>OR</b> T/Th/F	8:45 – 11:30 am	<b>Must be four</b> by Sept 1	\$235 / month \$194 / month

Name of child: \_\_\_\_\_ Birth date: \_\_\_\_\_

	AGE GROUP	SESSION PREFERENCE
<b>First Choice</b>	_____	_____
<b>Second Choice</b>	_____	_____

Consideration for a pm class is appreciated.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

### FAMILY INFORMATION

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Family address: \_\_\_\_\_ City & Zip code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Email address: \_\_\_\_\_

**Returning Preschooler                      Church Member                      Alumni                      New Student**

Registration/Activity fee (\$100.00)\* cash \_\_\_\_\_ check number: \_\_\_\_\_ \*Reg. fee non-refundable\*

***This pre-registration form will not be accepted until Feb. 3, 2017 or after.***