



Linda Horneck,  
Director

## Hosanna! Preschool PRE-REGISTRATION FORM 2018-2019 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	\$151 / 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	\$156 / month
Monday / Wednesday / Friday	8:45 - 11:30 am 12:15 – 3:00 pm	<b>Must be three</b> by Sept. 1	\$198 / 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	\$198 / month
Monday – Thursday ( 4 Day )	8:45 – 11:30 am	<b>Must be four</b> by Sept. 1	\$223 / month
Mon/Tues/Wed/Thurs <b>OR</b> Mon / Tues/ Thu	12:15 – 3:00 pm	<b>Must be four</b> by Sept. 1	\$223 / month \$198 / 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	\$240 / month \$198 / month

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

	AGE GROUP	SESSION PREFERENCE
First Choice	_____	_____
Second Choice	_____	_____

Consideration for a pm class is appreciated.

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

### FAMILY INFORMATION

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

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

Cell Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email address: \_\_\_\_\_

**Returning Preschooler                      Church Member                      Alumni                      New Student**

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

**Pre-registration form will be accepted beginning February 2, 2018 and until classes are fully enrolled.**