

Date: _____

Entered

Holy Love Preschool and Kindergarten Registration Form 2024-2025

(Please Print)

Child's Name: _____ Gender: M F

Child's Age: _____ Child's Birthdate: _____

Parents Name: _____

Phone Number _____ Email Address: _____

If you are registering a sibling or qualify for a discount, please check all that apply (Only one discount will be honored at this time)

___ Sibling ___ Church Member ___ Military ___ Volunteer Interest

Home Church: _____

How did you hear about Holy Love Preschool? _____

(Example: friend, former family, school, church, Facebook, Sentinel ad)

Class Option You are Registering for:

Preschool

___ T & Th 9:15am-11:45am

Pre-Kindergarten

___ MWF 9:15am-1:15pm

Pre-K II/STEAM

___ T & Th 9:15am-3:15pm

Jr. Kindergarten

___ M-F 9:15am-11:45am

Kindergarten

___ MWF 9:15am-3:15pm

Parent Initials _____	Total Paid \$ _____	<input type="checkbox"/> Cash	<input type="checkbox"/> Check# _____
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Registration Fee is non-refundable. Cash or Check to Holy Love Preschool.