

Preregistration for Holy Cross Preschool

Please completely fill out forms. Send us a copy of your child's immunization records, unless your child was here before. At the top of the first page please specify the session you are interested in. We will do what we can to accommodate you.

4 & 5 year old-Monday-Wednesday-Friday am-8:30-11:30 am—\$140

4 & 5 year old-Monday-Tuesday-Wednesday-Thursday pm-12:15-3:00 pm—\$165

3 year old-Tuesday –Thursday 9:00-11:30 am—\$115

If you do not hear from us your child is in the class you specified.

Registration fee is the same cost as your child's monthly tuition fee and does not include September's tuition and is non-refundable.

Your child is not assured a spot until the registration form along with the registration fee is received so please return as soon as possible completed forms along with the registration fee to:

Holy Cross Preschool

3315 11th Ave

Kearney, NE 68845

Information for fall: you will receive a letter in the mail during the first week of August with times & information for school & open house times.

Preschool Open House: Tuesday, August 19, 2025

First Day of School: Thursday, August 21 or Friday, August 22

(Please keep this copy for further reference)

We are looking forward to meeting you!

Mrs. K, Mrs. C & Mrs. H



Holy Cross Preschool



The class I choose for my child is:

M-W-F am 4 & 5 _____

M-T-W-Th pm 4 & 5 _____

T-Th am 3 year olds _____

Office Use Only

Registration _____

Immunizations _____

Child's Name: _____ Age: _____ Birth Date: _____

Mother's Name: _____

Address: _____

Mother's Phone: Cell # _____ Work # _____

Mother's Employer/Address: _____

E-mail Address: _____

Father's Name: _____

Address: _____

Father's Phone: Cell # _____ Work # _____

Father's Employer/Address: _____

E-mail Address: _____

How did you hear about us? _____

Registration form & student record



Persons To Whom Child Maybe Released (Other Than Parent):

Name: _____ Name: _____

Phone: _____ Phone: _____

Person To Call In Case of Emergency (Other Than Parent):

Name: _____

Phone: _____

Address: _____

Child's Medical Information:

Any health problems I should know about:

Medications taken (if any & why):

Physical limitations, allergies (including food), etc.:

Any fears or habits I should know about:

Consent To Contact Physician In An Emergency:

In an event I cannot be reached, I hereby give my consent to Holy Cross Preschool Teachers/Director to contact (physician) _____

at (phone), _____ and if necessary, take my child to the following physician, clinic or hospital: _____

Parent consent: _____ Date: _____

Photo Release

I give my consent for my child's photo to be used for classroom purposes and to be placed in the hall.

I give my consent for my child's photo to be on the Holy Cross website and Facebook.



Other Information:

What type of play or special interests would you describe as being your child's favorite?

Can he/she be relied upon to indicate bathroom needs?

Yes

No

Concerns: _____

Handbook & DHHS Child Care Rights Verification:

I have read and understand the Holy Cross Preschool Handbook (available online) and my rights as a parent as described in the DHHS brochure click the link below to view:

<http://dhhs.ne.gov/licensure/Documents/CREC-PAM-24ParentBrochure.pdf#search=parent%20information%20brochure>

Consent: _____ Date: _____

I certify that the information given is correct to the best of my knowledge.

Parent consent: _____ Date: _____



Adopted _____ Yes _____ No _____ Male _____ Female

Date of Baptism: _____ Place of Baptism: _____

Child's Church: _____

Father's Church: _____

Mother's Church: _____

Are you looking for a church? Would you like us to contact you? _____

Additional information which you feel may be of importance:

Name/kinds of pets: _____

Phone Number to be used in the handbook to share with other parents: _____

Zip Code: _____

Brothers and Sisters:

Name	Age
_____	_____
_____	_____
_____	_____
_____	_____