



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—\$145

4 & 5 year old-Monday-Tuesday-Wednesday-Thursday pm-12:15-3:00 pm—\$170

3 year old-Tuesday –Thursday 9:00-11:30 am—\$120

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 18, 2026

First Day of School: Thursday, August 20 or Friday, August 21

(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: _____ Work # _____

Mother's Employer/Address: _____

E-mail Address: _____

Father's Name: _____

Address: _____ Same as above

Father's Phone: _____ 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:

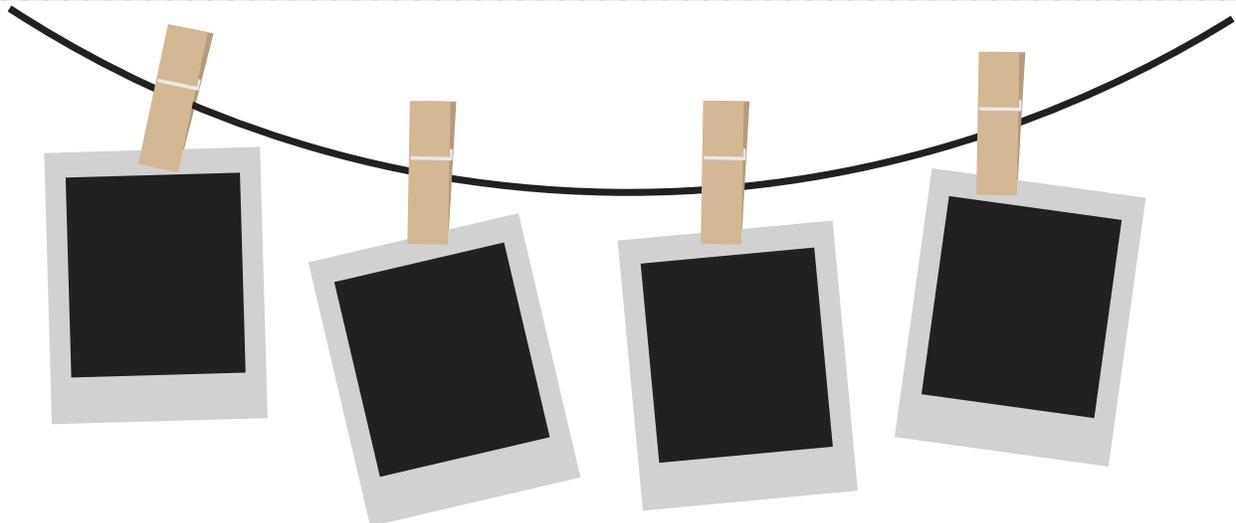
In an event I cannot be reached, I hereby give my consent to Holy Cross Preschool Teachers/Director to contact (physician) _____
at (phone), _____
and if necessary, take my child to the following physician, clinic or hospital:

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:

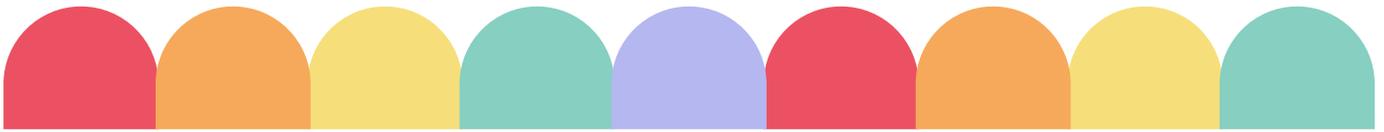
<http://dhhs.ne.gov/licensure/Documents/CREC-PAM-24ParentBrochure.pdf#search=parent%20information%20brochure>

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? Yes _____ No _____

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:

Brothers and Sisters:

Name: _____ Age: _____

