

**KCSS PRESCHOOL / PREKINDERGARTEN PARENT NAME (S)** \_\_\_\_\_  
**REGISTRATION FOR THE SCHOOL YEAR** \_\_\_\_\_  
**2009 - 2010** \_\_\_\_\_  
**Last Name** \_\_\_\_\_ **First Name** \_\_\_\_\_

**OFFICE USE ONLY**

**Reg. Fee Paid** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Check No.** \_\_\_\_\_ **Cash** \_\_\_\_\_

**PLEASE INCLUDE NONREFUNDABLE REGISTRATION FEE OF \$50.00 / STUDENT WITH A KCSS FAMILY MAX OF \$100.00**

Pre K (4 & 5 year olds) are eligible for bussing.

Preschool (3 & 4 year olds) are not eligible for bussing.

**SECTION ONE: PARENTS/GUARDIAN INFORMATION**

Salutation: Mr. \_\_\_\_\_ Dr. \_\_\_\_\_ Other \_\_\_\_\_  
Father's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Father's Religion: \_\_\_\_\_  
Employment: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Cell Phone (if applicable): \_\_\_\_\_  
E-mail Address (if applicable): \_\_\_\_\_  
Occupation: \_\_\_\_\_  
School District: Kaukauna \_\_\_\_\_ Other \_\_\_\_\_  
Child(ren) lives with: Mother \_\_\_\_\_ Father \_\_\_\_\_ Both \_\_\_\_\_ Other \_\_\_\_\_

Mrs. \_\_\_\_\_ Ms. \_\_\_\_\_ Dr. \_\_\_\_\_ Other \_\_\_\_\_  
Mother's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Mother's Religion: \_\_\_\_\_  
Employment: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Cell Phone (if applicable): \_\_\_\_\_  
E-mail Address (if applicable): \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Will use District bus service: yes \_\_\_\_\_ no \_\_\_\_\_

**STUDENT 1**

**SECTION TWO**

**STUDENT 2**

Name: \_\_\_\_\_ M / F

Name: \_\_\_\_\_ M / F

Birthdate: \_\_\_\_\_

Birthdate: \_\_\_\_\_

**Preschool Sessions\*\*\* (3 & 4 year olds)**

\_\_\_\_\_ Tues./Thurs. AM ONLY 8:10 - 10:55 AM

\_\_\_\_\_ Mon./Wed. AM ONLY 8:10 - 10:55 AM

\_\_\_\_\_ Tues./Thurs. PM ONLY 12:10 - 2:55 PM

\_\_\_\_\_ Fri. AM (Added Third Session) 8:10 - 10:55 AM

**Prekindergarten Sessions\*\*\* (4 & 5 year olds)**

\_\_\_\_\_ Tues./Wed./Thurs. AM 8:10 - 10:55 AM

\_\_\_\_\_ Tues./Wed./Thurs. PM 12:10 - 2:55 PM

\_\_\_\_\_ Fri. AM (Added Fourth Session) 8:10 - 10:55 AM

\_\_\_\_\_ Fri. PM (Added Fourth Session) 12:10 - 2:55 PM

\_\_\_\_\_ M - F AM Five Day Session 8:10 - 10:55 AM

**\*\*\*SESSIONS WILL BE HELD IF ENROLLMENT WARRANTS IT.**

**SECTION THREE: TUITION & PAYMENT PLAN**

1 Weekly Session per school year \$550.00

I will pay: (check one)

2 Weekly Sessions per school year \$840.00

\_\_\_\_\_ In Advance

3 Weekly Sessions per school year \$1070.00

\_\_\_\_\_ Monthly: 10 Payments 9/15- 6/15

4 Weekly Sessions per school year \$1190.00

5 Weekly Sessions per school year \$1280.00

**(CHECKS ARE MADE PAYABLE TO KAUKAUNA CATHOLIC SCHOOL SYSTEM)**

\$50.00 Registration Fee is applied to tuition. (non-refundable)

Please sign below to state that you agree with the above mentioned payment terms.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Thank you.