



"Where We All Come Together"  
Holy Cross & St. Katharine Drexel

PARENT NAME (S) \_\_\_\_\_  
(LAST) (FIRST)

**KAUKAUNA CATHOLIC SCHOOL SYSTEM  
PRESCHOOL / PRE-KINDERGARTEN REGISTRATION**

**2011 – 2012**

OFFICE USE ONLY

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

**PLEASE INCLUDE NON-REFUNDABLE 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 \_\_\_\_\_

**SECTION TWO**

Name: \_\_\_\_\_ M / F  
Birthdate: \_\_\_\_\_  
Birth Place (City/State): \_\_\_\_\_

Name: \_\_\_\_\_ M / F  
Birthdate: \_\_\_\_\_  
Birth Place (City/State): \_\_\_\_\_

<b>Morning Session</b>	<b>8:10 – 10:55 a.m</b>
<b>Preschool Sessions*** (3 &amp; 4 year olds)</b>	
_____ 2 day M/W AM	\$890.00
_____ 2 day T/Th AM	\$890.00
_____ 3 day M/W/F AM	\$1,135.00
_____ 3 day T/Th/F AM	\$1,135.00

<b>Afternoon Session</b>	<b>12:10 – 2:55 p.m.</b>
<b>Pre-Kindergarten Sessions*** (4 &amp; 5 year olds)</b>	
_____ 3 day T/W/Th AM	\$1,135.00
_____ 3 day T/W/Th PM	\$1,135.00
_____ 4 day T/W/Th/F AM	\$1,350.00
_____ 4 day T/W/Th/F PM	\$1,350.00
_____ 5 day M – F AM	\$1,350.00
_____ 5 day M – F PM	\$1,350.00

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

**GREAT VALUE!!!  
5 DAYS FOR THE  
SAME PRICE OF  
4 DAYS!!!**

**SECTION THREE: ADDITIONAL FEES & PAYMENT PLAN**

I will pay: (check one)  
\_\_\_\_\_ Annual: 1 Payment 9/15  
\_\_\_\_\_ Monthly: 10 Payments 9/15 – 6/15  
\_\_\_\_\_ Monthly: 12 Payments 7/15 – 6/15  
\_\_\_\_\_ Yes, I would be interested in Automatic Payments (ACH)

Additional Fees to be paid at orientation:  
Technology Fee \$10.00 per child  
Milk/Activity Fee Preschool \$20.00  
Milk Activity Fee Pre-Kindergarten \$25.00  
Home & School Fee Pre-Kindergarten \$20.00 per family

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

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

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

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

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

\_\_\_\_\_ Yes, I am interested in the KCSS Child Care/Before & After School Program.