



Thank you for considering Holy Spirit Pre-School. We are very excited to welcome the youngest members of the community to the Holy Spirit Family.

Our class offerings and tuition amounts for the 2018-2019 school year are as follows:

Mornings* (pre-K)	Monday, Tuesday, Thursday and Friday **\$180.00 a month for the 4 day class	8:15 am - 11:00 am
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Afternoons** (3 and 4 year olds)	Tuesday, Thursday and Friday **\$145.00 a month for the 3 day class	11:45 am - 2:15 pm
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*** The morning class is four days per week and is designed for four and five year old children who will be enrolled in kindergarten the following year (2019-2020). Your child must turn 4 years old before September 30, 2018 to be eligible for this class.**

***The Tuesday-Thursday-Friday afternoon class is three days a week and is designed to meet the needs of three year olds and younger four year olds.**

- **A child must be potty trained before attending our pre-school.**
- **The registration fee to reserve your child's placement is \$100.00 and is non-refundable. The \$100.00 will be applied to your tuition.**
- **Checks can be made out to Holy Spirit Pre-School.**
- **Holy Spirit Pre-Schoolers will be guided through play and activities from the Creative Curriculum that are age appropriate.**

Thank you again for considering our program at Holy Spirit. We feel truly blessed to be given this opportunity to assist you in the development and growth of your most treasured gifts from God. We look forward to meeting you soon!

Please return your registration form and fee as soon as possible as children are given a spot in class on first-come, first-serve basis.

Sincerely,

Mrs. Angela Welsh



4382 Duchene Lane
Columbus, OH 43213
614-861-4559

ENROLLMENT APPLICATION

Student Information

Full Name: _____ Date: _____

LAST FIRST M.I.

Social Security _____ Grade: _____

Home Parish: _____

Catholic <input type="checkbox"/>	Male <input type="checkbox"/>	Birth Date	Birthplace
Non-Catholic <input type="checkbox"/>	Female <input type="checkbox"/>		
		Month/Day/Year	City/State

Residence

Street Address: _____ City: _____ Zip: _____

Home Telephone: (____) _____ Cell Phone: (____) _____

Race (you are not required to answer this):

White, not Hispanic Black, not Hispanic Hispanic

Asian Pacific Islander American Indian/ Alaskan Native

<u>Father or Guardian:</u> _____ Birthplace: _____ Religion: _____
Education: _____ Type of Occupation: _____
Place of Occupation: _____ Business Phone: _____

<u>Mother or Guardian:</u> _____ Birthplace: _____ Religion: _____
Education: _____ Type of Occupation: _____
Place of Occupation: _____ Business Phone: _____

Home Status:

Check any that apply:

Parents separated Parents divorced Single

Father deceased Mother deceased

(If parents are separated or divorced, a copy of custody papers must be presented to school.)

Student lives with:

Both parents Father Mother Other (step-parent)

Number of children in family: _____ Boys: Older _____ Younger _____ Girls: Older _____ Younger _____

Sacraments:

Baptism: _____ First Communion: _____
(month, day, year)/ (Church, city, state) (month, day, year)/ (Church, city, state)

Penance: _____ Confirmation: _____
(month, day, year)/ (Church, city, state) (month, day, year)/ (Church, city, state)

For office use only: Date: _____ Class: _____ Fee Paid: _____ Check # _____
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Please include:
• Copy of birth certificate
• Copy of baptismal certificate
• Copy of Social Security Number