



HOLY TRINITY CATHOLIC SCHOOL

Registration Form 2011-12

Pre-School

This form should be completed and returned with the *non-refundable Family Registration* fee of \$195 as soon as possible to secure a place in our pre-school program. If you will have an older child attending Holy Trinity Catholic School, only one fee is necessary.

Please check the box below, sign and return to the school office at 108 S. Linden Ave, Westmont, IL 60559 either by mail or in person. Office hours are from 7:30 am to 3:30 pm.

We look forward to welcoming you to the Holy Trinity Catholic School family!

Dr. Charles Terry

[] Please register my child for the 2011-12 school year.

Child's Name (Please Print)

Parent's Name (Please Print)

Signature

Date

Pre-School Registration Form

Student's Name _____

Please place a check next to your preference(s):

❖ **Full Day** (Mon – Fri) **Pre-School** _____

OR

❖ **½ Day Pre-School:** **Morning**_____ **or Afternoon**_____

2-day (Tue/Thurs am only)_____ **or 3-day** (Mon/Wed/Fri)_____ **or 5-day**_____