



# 2025-2026 Preschool Registration Form

W156 N8131 Pilgrim Road Menomonee Falls, WI 53051  
holycrosslutheranschool.org 262-502-4104

school@holycrosslutheran.org

Registration will begin on Monday, February 3, 2025 at 9am.

Registrations are accepted on a first come, first serve basis. Enrollment space is limited.

Please return this form with a non-refundable registration fee of \$75.00 per child or \$100.00 maximum per family.

Checks can be made payable to HOLY CROSS PRESCHOOL.

## Half Day Program 9am – 12pm

- ☐ 5 DAY PROGRAM  
Monday – Friday  
\$470.00 per month
- ☐ 3 DAY PROGRAM  
Mon/Wed/Fri  
\$280.00 per month
- ☐ 2 DAY PROGRAM  
Tuesday/Thursday  
\$190.00 per month

## Full Day Program 9am – 4pm

- ☐ 5 DAY PROGRAM  
Monday – Friday  
\$1095.00 per month
- ☐ 3 DAY PROGRAM  
Mon/Wed/Fri  
\$645.00 per month
- ☐ 2 DAY PROGRAM  
Tuesday/Thursday  
\$450.00 per month

## Wrap Around Care 7am – 9am 4pm-6pm

- ☐ 5 DAY PROGRAM  
Monday – Friday  
\$8 per hour
- ☐ 3 DAY PROGRAM  
Mon/Wed/Fri  
\$8 per hour
- ☐ 2 DAY PROGRAM  
Tuesday/Thursday  
\$8 per hour

Child's Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age as of September 1, 2025 \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian/Caregiver's Name: \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Email address \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Parent/Guardian/Caregiver's Name: \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Email address \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Are you a member of Holy Cross Lutheran Church? Yes No

If no, current church home? \_\_\_\_\_

How did you hear about Holy Cross Preschool? \_\_\_\_\_

OFFICE USE ONLY: Date Received: \_\_\_\_\_ Registration Fee Amount: \$\_\_\_\_\_ Check #\_\_\_\_\_