



Church of the Cross
1600 Rush, Salina, KS 67401
Phone: (785) 825-5170 Fax: (785) 825-0510

Thank you for your interest in Angel Academy Preschool. We are proud to offer a 2-year preschool program that offers a nurturing Christian environment and age appropriate curriculum, which will help to prepare your child academically, socially, and spiritually for Kindergarten. Attached to this letter you will find an enrollment form. The enrollment process will be as follows.

February 1st: Enrollment begins for children currently enrolled, their siblings, and Church of the Cross members.

February 15th: Enrollment for the public will begin.

The enrollment forms should be returned to the preschool office as soon as possible on or after the enrollment date has begun to ensure your spot for the 2010-2011 school year. **There is a \$40.00 non-refundable pre-registration fee** that must accompany the enrollment form. To enter the preschool your child must be **3 years old by August 31st 2010**. Due to licensing requirements by the state, no exceptions to the age requirements can be made. To attend preschool your child must be fully potty trained. The use of disposable underwear is not permitted unless authorized by the Director. If you would like to set up a tour date and time please call the office. These dates can begin on the 9th of February.

After the office has processed your enrollment form, you will receive a packet of paperwork by May 28th. This packet must be filled out completely and returned to the preschool office by July 23rd to complete your child's enrollment at Angel Academy Preschool.

If you have any questions please call Debbi Rogers at 825-5170. The Angel Academy staff is looking forward to working with you and your child in the upcoming school year.

Sincerely,

Debbi Rogers
Director



Angel Academy Pre-Enrollment Application

A non-refundable \$40.00 registration fee must accompany your pre-enrollment application.

Child's Name: _____ Birthday: _____

Parent/Guardian(s): _____

Address: _____
STREET CITY/STATE ZIP

Phone: _____

Male / Female

CLASS PREFERENCE FOR 10-11 SCHOOL YEAR:

Tuesday/Thursday Session – 8:45 – 11:15 _____ \$75.00 a month.
For 3 & 4 year olds- Must be 3 by August 31st

Monday/Wednesday/Friday Session – 8:45 – 11:45 _____ \$90.00 a month.
For 4 & 5 year olds- Must be 4 by August 31st

Monday/Wednesday/Friday Session – 12:45 – 3:45 _____ \$90.00 a month.
For 4 & 5 year olds-Must be 4 by August 31st

Monday through Friday Session - 8:45 – 11:45 _____ \$170.00 a month.
For children who will enter Kindergarten the following year. - Must be 4 by August 31st

If the class that you have chosen is full we will notify you.

Office use only

Paid by: Check # _____ / Cash

Date: _____

