



RESURRECTION PRESCHOOL

15050 S. Central Avenue

Oak Forest, IL 60452

(708) 687-2196

DCFS LICENSED

Resurrectionpreschooldir@yahoo.com

Dear Parents,

We are now accepting applications for registration in Resurrection Preschool’s 2023 - 2024 early childhood programs. To be eligible for enrollment, children need to be three years old by August 31st, independently toilet-trained and be current in all their immunizations. Tuition payments are due MONTHLY September thru May for a total of 9 payments. If you are interested in registering your child(ren) for the 2023-2024 school year, please complete the bottom portion of this letter and return it **with your check** made out to Resurrection Preschool for the Registration Fee listed below. This non-refundable registration fee will reserve your child’s spot in the program. Upon receipt of your non-refundable deposit, you will receive additional forms required for registration. To express appreciation for your continuous support of Resurrection Preschool, we will offer renewing students, **those currently enrolled in the 2022 - 2023 school year**, a **credit** of your \$75 registration fee toward your December 2023 tuition.

A.M. Session (9:00 – 11:30 a.m.)

- 5 days – (Monday through Friday) - \$210 per month
- 4 days - (M,T,W, and either Th or F) - \$195 per month
- 3 days – (Monday, Wednesday, Friday) - \$175 per month
- 2 days -- (Mon/Wed or Tues/Thurs) - \$120 per month

- Early Bird Registration Fee (before August 20) - \$75
- Registration Fee after August 20 - \$85
- Registration Fee for each additional sibling - \$55

*Discounts are available for multiple children in the same family.

**REGISTRATION FOR 2023-2024 RESURRECTION PRESCHOOL PROGRAM
SESSION (9:00 -11:30 AM) DESIRED:**

- 3 year old 5-DAY 3 year old 4-DAY (M-Th) 3 year old 3-DAY (M, W, F)
- 3 year old 2-DAY (M, W) 3 year old 2-DAY (T, Th)
- 4 year old 5-DAY 4 year old 4-DAY (M-Th) 4 year old 3-DAY (M, W, F)
- 4 year old 2-DAY (M, W) 4 year old 2-DAY (T, Th)

CHILD’S NAME: _____

MALE FEMALE DATE OF BIRTH: _____
MONTH DAY YEAR

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CELL (MOM): (____) _____ CELL (DAD): (____) _____

EMAIL ADDRESS: _____

PARENT’S SIGNATURE: _____