



**IN-HOUSE REGISTRATION
FOR THE 2026-27 SCHOOL YEAR HAS BEGUN!
GENERAL INFORMATION...**

In-House registration will be held from February 9th through February 20th. In-House registration is limited to the students, and their siblings, who *currently* attend Holy Cross Christian Nursery School. This is to guarantee that all our current families get their first choice of classes for next year. Starting February 23rd, we will open registration to outside families.

Attached, you will find:

1. A list of class offerings for the 2026-2027 school year*
2. An Enrollment Application for the 2026-2027 school year
3. A Payment Information Form

In order to complete the registration process, please:

1. Choose the schedule that best meets your needs*
2. Complete the Enrollment Application
3. Complete the Payment Information Form
4. Return the Application and the Payment Information Form, along with the Registration Fee.....If Enrollment Application, Payment Information Form and Registration Fee are returned by February 20th your registration fee will be \$70.00. ***After February 20th, the Registration Fee will return to \$100.00.***

Once you have registered:

1. Your child will be enrolled in the class that you have chosen for September.
2. In July, you will be sent an invoice for the 1st of ten equal payments for the 2026-2027 school year. This payment will be due August 1, 2026.
3. The final payment will be due May 1, 2026.

** In the best interest of the children, and to keep a sense of consistency, please choose one of the classes and schedules listed. If none of these schedules fit your needs, we will do our best to accommodate you...please see the Director, in the school office.*

✿ Holy Cross Christian Nursery School ✿

732-255-3112

Monthly Class Offerings for the 2026-2027 School Year

Registration Fee (non-refundable) \$100.00 first child; \$60.00 each additional child

TERRIFIC TWOS

Children must be 2 ½ by September 1, 2026

	9:00-11:30 Morning	9:00-2:00 Full Day
Tuesday/Thursday 2 Day	\$276.00	\$354.00
Monday/Wednesday/Friday 3 Day	\$365.00	\$509.00
Monday – Friday 5 Day	\$509.00	\$765.00

PRESCHOOL THREES

Children must be 3 by October 1, 2026

	9:00-11:30 Morning	9:00-2:00 Full Day
Tuesday/Thursday 2 Day	\$263.00	\$342.00
Monday/Wednesday/Friday 3 Day	\$347.00	\$482.00
Monday – Friday 5 Day	\$482.00	\$731.00

PRE-K FOURS

Children must be 4 by October 1, 2026

	9:00-11:30 Morning	9:00-2:00 Full Day
Tuesday/Thursday 2 Day	\$263.00	\$342.00
Monday/Wednesday/Friday 3 Day	\$347.00	\$482.00
Monday – Friday 5 Day	\$482.00	\$731.00

*For the consistency of the children and the teachers, please choose one of the class schedules listed above.
if none of these schedules fit your needs, please see Mrs. Kane, in the office.*

Families with more than 1 child attending during the same school year will receive a 5% discount on all but the first child.

Tuition is divided into ten equal payments. Your first tuition payment is due by August 1, 2026. A monthly late fee of \$25.00 will be imposed if tuition is received later than the 10th of the month.

Only one discount can be applied per child.

No deductions can be made for emergency closings, public health emergencies, daily or extended absences during the School year. Should a student be withdrawn before the end of the school year, no refund can be made.

Holy Cross Christian Nursery School
1500 Hooper Ave.
Toms River, NJ 08753

Enrollment Application for 2026 - 2027

Please fill out both sides of form.

Today's date

CHECK ONE _____ Terrific 2's _____ PreSchool 3's _____ Pre-K 4's
Must be 3 by 10/1/26 Must be 4 by 10/1/26

CHECK ONE _____ 2 day _____ 3 day _____ 5 day **CHECK ONE** _____ AM only _____ Full-day

Extended care needed _____ Yes _____ No Days needed _____

AM Time in _____ Time out 9:00 am

PM Time in 2:00pm Time out _____

* * * * *

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

Name of child _____ Nickname _____

Address _____
Street City, State, ZIP

Home phone _____ Cell #1 _____ Cell #2 _____

Date of birth _____ Sex _____ M _____ F

Place of birth _____ Age as of Oct. 1, 2026 _____
City, State

Parent's name _____ Address _____

Parent's name _____ Address _____

Preferred email address _____

Marital status _____ M _____ S _____ D _____ W

Primary language spoken at home _____

Health Information

Physician _____ Phone # _____

Please fill out reverse side.

Please describe any medical, physical, or other issues your child has. Include allergies (especially food), any unusual markings on your child's body (birthmarks, rashes, skin conditions, etc.). If none, please write "none." _____

Family Data Information

	Parent #1	Parent #2
Type of Employment	_____	_____
Name of Employer	_____	_____
Address of Employer	_____	_____
Employer's Phone #	_____	_____

Other children in the family (please write name and ages of all other children).

Name _____ Age _____ Name _____ Age _____

Name _____ Age _____ Name _____ Age _____

* * * * *

Please check all that apply:

_____ I hereby give permission to have my child treated at the local hospital in the event of an emergency and I cannot be contacted.

_____ I hereby give permission for my name, address, phone number and child's name to be included on a class list and released to my child's class.

_____ I hereby give permission to have photographs of my child posted on social media.

The child becomes the responsibility of the parent when the child is released to the parent. It is the policy of Holy Cross Christian Nursery School that the parent(s) that registers the child is the person responsible for any payments due.

Parent's signature

Parent's signature

Date

How/where did you hear about our nursery school? _____

Has your child attended any other pre-school program? _____
