### **IMMACULATE CONCEPTION PRE-KINDERGARTEN**

### **REGISTRATION FORM**

Child's Name	Last	Firs	t M	iddle	Sex Birth Da	
Address						
City			State	StateZip		
Home Phone			E-mail Addr	ess		
Father's Name_		Mother's Name				
Occupation			Occupation			
Work Phone		Work Phone				
Cell Phone		Cell Phone				
Marital Status: Married_		Separated	Divorced	Widowed	Single	
Religion		Parish	Ethnic Group		Froup	
Brothers/Sisters						
<u>Name</u>		<u>Age</u>	<u>Sc</u>	<u>hool</u>	<u>Grade</u>	
Please circle you	r choice:					
•	Year	3 Year	4	Year		
Session: M	orning	Afternoon	Full Day	Exter	nded Day	
Days: M	onday	Tuesday	Wednesday	Thursday	Friday	
Registration Fee	<u></u>	Tu	ition Payment_			
Cash	/DI	Check #		Date		

PLEASE NOTE THAT TODAY'S PAYMENT IS FOR JUNE 2016. SEPTEMBER'S PAYMENT IS DUE BEFORE SEPTEMBER 15, 2015.

# **IMMACULATE CONCEPTION**

# PRE-KINDERGARTEN

# EMERGENCY PROCEDURE 2015- 2016

Child's Name			
Last	First		Middle
Parents' names: Mother			
Father			
Please complete using number to in event of illness or injury to your chi			to be followed in the
( ) Contact mother at	Phone numbe	r	
( ) Contact father at	Phone numbe	r	_
( ) Contact Neighbor or relative	at _	Pho	ne number
( ) ContactPhysician	at _	Pho	ne number
( ) Take child to nearest hospital:	YES	NO	
My child is allergic to			
In case of a serious emergency to be reached by telephone, I hereby my child's best interest.			
Parent/Guardian			 Date

### **IMMACULATE CONCEPTION**

## **PRE-KINDERGARTEN**

### **AUTHORIZED PICK-UP LIST**

FOR YOUR CHILD'S PROTECTION, PLEASE FILL OUT THE NAME OF AUTHORIZED PERSONS TO BRING OR TAKE YOUR CHILD FROM SCHOOL, OTHER THAN YOURSELF. YOU MAY MAKE CHANGES THROUGHOUT THE SCHOOL YEAR. MAKE CHANGES IN WRITING SO WE MAY ADD THEM TO YOUR CHILD'S FILE. YOU WILL RECEIVE AN AUTHORIZATION CARD FOR EACH PERSON ON YOUR LIST. PLEASE INFORM THE AUTHORIZED PERSONS TO BE PREPARED TO IDENTIFY THEMSELVES TO OUR STAFF, WHEN THEY PICK UP, USING THIS CARD. PLEASE LIST PARENT OTHER THAN THE ONE SIGNING THIS, IF AURTHORIAZED TO PICK UP.

Name	Relationship to Child			
Name	Relationship to Child			
Name	Relationship to Child			
Name	Relationship to Child			
Name	Relationship to Child			
what the arrangements				
Is there anyone who might come for your child that you <u>DO NOT</u> wish to have your child released to (other parent for instance)?				
Signature				

# IMMACULATE CONCEPTION PRE-KINDERGARTEN

## **INFORMATION SHEET**

		<u>Yes</u>	<u>No</u>
1.	Has your child attended a nursery school prior to this one?		
	If so, what school?		
2.	Has your child attended a library story hour?		
3.	Is a language other than English spoken at home?		
4.	Does your child have playmates his/her own age?		
5.	Does your child have any physical problems that we should know about?		
6.	Does your child take any medication on a regular basis?		
7.	Does your child have any fears we should know about?		
8.	Do you have an occupation, hobby or pastime that you would be willing to share with our children?  Please list		
9.	Are you available to help during special activities such as parties, festivals, etc.?		
10	. How did you hear about Immaculate Conception Pre-K?		
	BrochureChurch Bulletin	Postcard	
	Home NewsSentinel	_Word of	Mouth

# IMMACULATE CONCEPTION PRE-KINDERGARTEN TUITION PAYMENT SCHEDULE FOR 2015/2016

MONTHLY PAYMENT	TUITION PERIOD	<u>DUE DATE</u>		
Payment #1 of 10 Payment #2 of 10 Payment #3 of 10 Payment #4 of 10 Payment #5 of 10 Payment #6 of 10 Payment #7 of 10 Payment #8 of 10 Payment #9 of 10 Payment #10 of 10	for June 2016 for September 2015 for October 2015 for November 2015 for December 2015 for January 2016 for February 2016 for March 2016 for April 2016 for May 2016	At registration with registration fee September 1 <sup>st</sup> 2015 October 1 <sup>st</sup> 2015 November 1 <sup>st</sup> 2015 December 1 <sup>st</sup> 2015 January 1 <sup>st</sup> 2016 February 1 <sup>st</sup> 2016 March 1 <sup>st</sup> 2016 April 1 <sup>st</sup> 2016 May 1 <sup>st</sup> 2016		
The above tuition payment schedule is based on a yearly tuition broken down into ten installments for your convenience. Please note that all tuition payments are due the first day your child attends class each month. There is a \$15.00 late fee after the 15 <sup>th</sup> of each month. There will also be a fee of \$30.00 for all returned checks. All accounts must be paid in full by May 1 <sup>st</sup> .				
PLEASE NOTE: NO REFUNDS WILL BE MADE AFTER OCTOBER 31, 2015.  The Pre-Kindergarten program will follow the same calendar as Immaculate Conception School. If school has a holiday, delayed opening or cancellation on your child's scheduled day, we will not be able to make up the class or give credit.				
I have read the philosophy for the Pre-K and agree to the rules and regulations regarding tuitions.				
I understand that my child is required to have his/her immunization records submitted before they start school. I also understand that my child is required to have his/her flu vaccination by December 31 <sup>st</sup> 2015.				
(Please print name)		(Date)		

PLEASE NOTE THAT TODAY'S PAYMENT IS FOR JUNE 2016. SEPTEMBER'S PAYMENT IS DUE BEFORE SEPTEMBER 15, 2015.

(Signature)

# 2015-2016

# **REQUIREMENTS FOR REGISTRATION**

# PLEASE HAVE THE FOLLOWING WITH YOU:

- 1. Registration papers filled out and last page signed
- 2. Birth Certificate
- 3. Registration Fee (\$65.00) plus one month's tuition If you are paying by check, please pay to the order of Immaculate Conception Pre-K or I. C. Pre-K.

2 half days	\$290.00
3 half days	320.00
4 half days	400.00
5 half days	430.00
2 full days	460.00
3 full days	540.00
4 full days	625.00
5 full days	700.00

Special rate for five full days with extended care 6:30 a.m. to 6:00 p.m. is \$925.00.

### IMMACULATE CONCEPTION PRE-KINDERGARTEN

### **ENTRANCE REQUIREMENTS**

### **2015-2016**

#### TWO YEAR OLDS

- \* Two year olds must be two on or before October 31, 2015
- \* Vaccinations and immunizations must be up to date. A record of immunizations must be filled out by the child's physician before the child starts school.
- \* Needed for registration: Birth Certificate

Registration Fee and 1<sup>st</sup> Payment

#### **TUITION AND CLASS SCHEDULE**

### Registration Fee (non-refundable) \$65.00

Half Days	<b>Annually</b>	<b>Monthly</b>
Two half days	\$2,900	\$290
Three half days (Monday, Wednesday, Friday a.m.)	3,200	\$320

### **Sessions**

9:15 - 11:15 a.m.

Thank you for visiting Immaculate Conception School. All the information regarding our program and registration forms can be found on our website icsspotswood.org. To have registration go smoothly, please fill out the forms prior to registration. If you have difficulty downloading the forms, you may pick them up in the Pre-K office.