

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 AUTHORIZED TO PICK UP.

Name _____ Relationship to Child _____

Name _____ Relationship to Child _____

Name _____ Relationship to Child _____

Name _____ Relationship to Child _____

Name _____ Relationship to Child _____

In case of a car pool arrangement, designate such on the line "Relationship" or tell us what the arrangements will be.

Is there anyone who might come for your child that you **DO NOT** wish to have your child released to (other parent for instance)?

Signature _____

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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? _____ Brochure _____ Church Bulletin _____ Postcard _____ Home News _____ Sentinel _____ Word of Mouth		

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

<u>MONTHLY PAYMENT</u>	<u>TUITION PERIOD</u>	<u>DUE DATE</u>
Payment #1 of 10	for June 2016	At registration with registration fee
Payment #2 of 10	for September 2015	September 1 st 2015
Payment #3 of 10	for October 2015	October 1 st 2015
Payment #4 of 10	for November 2015	November 1 st 2015
Payment #5 of 10	for December 2015	December 1 st 2015
Payment #6 of 10	for January 2016	January 1 st 2016
Payment #7 of 10	for February 2016	February 1 st 2016
Payment #8 of 10	for March 2016	March 1 st 2016
Payment #9 of 10	for April 2016	April 1 st 2016
Payment #10 of 10	for May 2016	May 1 st 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 15th 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 1st.

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 31st 2015.

(Please print name)

(Date)

(Signature)

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

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.**

