

IMMACULATE CONCEPTION SCHOOL
PRE-K EARLY LEARNING PROGRAM
Registration for 2008 -2009

Pre-K \$25 Non-refundable Registration Fee

2 Day session: (\$ 840.00 year)
3 Day session: (\$ 1,125.00 year)
4 Day session: (\$ 1,415.00 year)

Please check which session and age group you are enrolling.

- Age 4-5: M-W-F Morning (Session A) Age 3-4: T-Th Morning (Session C)
 Age 4-5: M-T-W-Th Afternoon (Session B)

Morning 8:30 – 11:00 Afternoon 12:15 – 2:45

Child's Name (last) _____ (first) _____ (middle) _____

Sex: (circle) Male Female Birth Date (month) _____ (day) _____ (year) _____
Ethnic Race (circle one) Caucasian African American Hispanic/Latino Asian Pacific Islander Native American Other _____

Religion: _____ If Baptized, Date: _____ Place: _____

Address _____ City _____ Zip _____

Child resides with _____ Language spoken at home _____

Mother's Name (last) _____ (first) _____ Religion _____

Marital Status (circle one) Single Married Separated Divorced

Home Phone _____ Cell Phone _____ E-Mail _____

Address (if different from above) _____

Place of Employment _____ Telephone # _____

Mother's work hours _____

Father's Name (last) _____ (first) _____ Religion _____

Marital Status (circle one) Single Married Separated Divorced

Home Phone _____ Cell Phone _____ E-Mail _____

Address (if different from above) _____

Place of Employment _____ Telephone # _____

Father's work hours _____

Has child attended a Preschool program before? No Yes Name of School _____

List any learning or physical concerns our school personnel should be aware of _____

Does your child have any special medical history, allergies or diet requirements we should know about? No Yes Explain

How did you hear about our Pre K Program? _____