

# ICA REGISTRATION FORM – 3 year olds (Preschool)

TUESDAY – THURSDAY HALF-DAY PROGRAM

\$50 Reg. fee \_\_\_\_\_

Child's Name \_\_\_\_\_ Nickname \_\_\_\_\_

Birthdate \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Sex \_\_\_ M \_\_\_ F EMAIL Address \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Mother's Name \_\_\_\_\_  
Last First Home Telephone # cell#

Address \_\_\_\_\_  
Street City State Zip

Father's Name \_\_\_\_\_  
Last First Home Telephone # cell#

Address \_\_\_\_\_  
Street City State Zip

Place of Employment \_\_\_\_\_  
(MOTHER) Address Work Telephone #

Place of Employment \_\_\_\_\_  
(FATHER) Address Work Telephone #

PARISH \_\_\_\_\_

Does your child have any previous school experience? Please List \_\_\_\_\_

Do you have other children presently enrolled in Immaculate conception Academy? \_\_\_yes \_\_\_no

Do you have other children presently enrolled at another school? School Name \_\_\_\_\_

## IN CASE OF EMERGENCY CONTACT:

Name	Relationship	Address	Telephone #
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Child's Doctor	Address	Telephone #
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*In the event of an emergency when neither the parents nor the emergency person can be reached, I give permission for the Preschool Teacher to call the child's doctor directly or to take any emergency action necessary.*

\_\_\_\_\_  
Parent's Signature

## PERSONS TO WHOM THE CHILD CAN BE RELEASED AT THE TIME OF DISMISSAL:

Name	Relationship	Telephone #
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Name	Relationship	Telephone #
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