

ICA REGISTRATION FORM – 4 year olds (Pre-Kindergarten)

M/W/F ____ Half Day ____ Full Day ____ M-F ____ Half Day ____ Full Day

Child's Name _____ Nickname _____

Birthdate ____/____/____ Sex ____ M ____ F E-Mail 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 #
------	--------------	---------	-------------

Child's Doctor		Address	Telephone #
----------------	--	---------	-------------

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 #
------	--------------	-------------

Name	Relationship	Telephone #
------	--------------	-------------