ICA REGISTRATION FORM – 3 year olds (Preschool)

TUESDAY - THURSDAY _____Half Day $50 Reg. fee_____

Child's Name _____ **Nickname** _____
Last First

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 #