## ICA REGISTRATION FORM – 3 year olds (Preschool)

TUESDAY - THURSDAY		Half Day		\$10	0 Yearly fee_			
Child's Name						_Nickname		
Birthdate/_	Last /	_Sex _	M _	First <b>F</b>	E-Mail Addre	ess		
Address				- G				
Mother's Name	Street			City		State	Zip	
violici sivanic	Last			First	Home	e Telephone #	cell#	
Address								
	Street			City		State	Zip	
Father's Name	Last				Hom	e Telephone #	cell#	
Address	Street			City		State	Zip	
Place of Employme (MOTHER)				dress			Telephone #	
Place of Employment(FATHER)			Address			Work Telephone #		
PARISH								
Does your child ha	ve any pr	evious s	chool exp	erience?	Please List			
Do you have other	children	presentl	y enrolled	l in Imma	culate Concep	otion Academy	yesno	
Do you have other	children	presentl	y enrolled	d at anoth	er school? Scl	hool Name		
IN CASE OF EMP	ERGENC	Y CONT	ГАСТ:					
Name	Relatio	Relationship			Address		Telephone #	
Child's Doctor					Address		Telephone #	
In the event of an epermission for the necessary.	•			-	-	• •		
		Parent's	s Signatu	re				
PERSONS TO WE	HOM TH	E CHIL	D CAN B	E RELEA	SED AT THE	TIME OF DIS	SMISSAL:	
Name	Relationship						Telephone #	