

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 #
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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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Please remit the \$100 Yearly Fee to the school office when you submit your paperwork. Thank you.