



**IMMACULATE CONCEPTION**

**PRE-KINDERGARTEN**

**EMERGENCY PROCEDURE**

*Child's name* \_\_\_\_\_  
Last First Middle

*Parent's names: Mother* \_\_\_\_\_

*Father* \_\_\_\_\_

Please complete using numbers to indicate the order of procedure to be followed in the event of illness or injury to your child at school:

( ) Contact mother at \_\_\_\_\_  
phone number

( ) Contact father at \_\_\_\_\_  
phone number

( ) Contact \_\_\_\_\_ at \_\_\_\_\_  
neighbor/relative phone number

( ) Contact \_\_\_\_\_ at \_\_\_\_\_  
physician phone number

( ) Take child to nearest hospital: YES \_\_\_\_\_ NO \_\_\_\_\_

My child is allergic to \_\_\_\_\_

*In case of a serious emergency to the above named child and, in the event, I cannot be reached by telephone, I hereby authorize a representative of the school to act in my child's best interest.*

\_\_\_\_\_  
PARENT/GUARDIAN

\_\_\_\_\_  
DATE

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**AUTHORIZED PICK-UP LIST**

*FOR YOUR CHILD'S PROTECTION, PLEASE FILL OUT THE NAME OF AUTHORIZED PERSONS TO BRING OR TAKE YOUR CHILD FROM SCHOOL, OTHER THAN YOURSELF. YOU MAY MAKE CHANGES THROUGHOUT THE SCHOOL YEAR. MAKE CHANGES IN WRITING SO WE MAY ADD THEM TO YOUR CHILD'S FILE. YOU WILL RECEIVE AN AUTHORIZATION CARD FOR EACH PERSON ON YOUR LIST. PLEASE INFORM THE AUTHORIZED PERSONS TO BE PREPARED TO IDENTIFY THEMSELVES TO OUR STAFF, WHEN THEY PICK UP, USING THIS CARD. PLEASE LIST PARENT OTHER THAN THE ONE SIGNING THIS, IF AUTHORIZED TO PICK UP.*

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

In case of a car pool arrangement, designate such on the line "Relationship" or tell us what the arrangements will be.

\_\_\_\_\_  
\_\_\_\_\_

Is there anyone who might come for your child that you **DO NOT** wish to have your child released to (other parent for instance)?

\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_

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**INFORMATION SHEET**

	<u>Yes</u>	<u>No</u>
1. Has your child attended a nursery school prior to this one? If so, what school? _____	_____	_____
2. Has your child attended a library story hour?	_____	_____
3. Is a language other than English spoken at home?	_____	_____
4. Does your child have playmates his/her own age?	_____	_____
5. Does your child have any physical problems that we should know about?	_____	_____
6. Does your child take any medication on a regular basis?	_____	_____
7. Does your child have any fears we should know about?	_____	_____
8. Do you have an occupation, hobby or pastime that you would be willing to share with our children? Please list _____	_____	_____
9. Are you available to help during special activities such as parties, festivals, etc.?	_____	_____
10. How did you hear about Immaculate Conception Pre-K?		
_____ Brochure	_____ Church Bulletin	_____ Postcard
_____ Home News	_____ Sentinel	_____ Word of Mouth

**IMMACULATE CONCEPTION PRE-KINDERGARTEN**

**TUITION PAYMENT SCHEDULE**

<b><u>Monthly Payment</u></b>	<b><u>Due Date</u></b>
1 <sup>st</sup> payment	At registration with registration fee
2 <sup>nd</sup> payment	September 1 <sup>st</sup>
3 <sup>rd</sup> payment	October 1 <sup>st</sup>
4 <sup>th</sup> payment	November 1 <sup>st</sup>
5 <sup>th</sup> payment	December 1 <sup>st</sup>
6 <sup>th</sup> payment	January 1 <sup>st</sup>
7 <sup>th</sup> payment	February 1 <sup>st</sup>
8 <sup>th</sup> payment	March 1 <sup>st</sup>
9 <sup>th</sup> payment	April 1 <sup>st</sup>
10 <sup>th</sup> payment	May 1 <sup>st</sup>

The above tuition payment schedule is based on a yearly tuition broken down into ten installments for your convenience. Please note that all tuition payments are due the first day your child attends class each month. There is a \$15.00 late fee unless other arrangements have been made. There will also be a fee of \$25.00 for all returned checks. All accounts must be paid in full by May 1<sup>st</sup>.

**Please Note:** No refunds will be made after October 31, 2012.

If you register after August 31<sup>st</sup>, you must make two payments at the time of registration.

The Pre-Kindergarten program will follow the same calendar as Immaculate Conception School. If the school has a holiday, delayed opening or cancellation on your child's scheduled day, we will not be able to make up the class or give credit. The program will be accelerated in order to compensate for these circumstances.

If your child is going to be out of school for a month or more, a fee will be charged to hold his/her place in class.

**I have read the philosophy and policies for the Pre-K and agree to the rules and regulations regarding tuitions.**

**I understand that my child is required to have a stamped immunization record from the physician. Also, I understand that my child is required to have his/her flu vaccination by December 31, 2012.**

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**(Please print name)**

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**(Date)**

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**(Signature)**