IMMACULATE CONCEPTION

PRE-KINDERGARTEN

REGISTRATION FORM

Child's name _____
Last First Middle

Address _____

City _____ ***State*** _____ ***Zip*** _____

Home phone _____ ***Sex*** _____ ***Birthdate*** _____

Email Address _____

Father's name _____ Mother's name _____

Occupation _____ Occupation _____

Work phone _____ Work phone _____

Marital status: Married _____ Separated _____ Divorced _____ Widowed _____ Single _____

Religion _____ Parish _____

Brothers/Sisters

Name	Age	School	Grade
*			
*			
*			
*			

Please circle your choice:

Class: **2 Year** **3 Year** **4 Year**

Session: **Morning** **Afternoon** **Full Day**

Days: **Monday** **Tuesday** **Wednesday** **Thursday** **Friday**

Registration Fee _____ Tuition Payment _____

Cash _____ Check # _____ (Please make checks payable to I. C. Pre-K)

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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 <u>DO NOT</u> wish to have your child released to (other parent for instance)?

_____

_____

Signature_____

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INFORMATION SHEET

*Child's name*_____
Last First Middle

	Yes	No
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?

_____