IMMACULATE CONCEPTION
Summer Registration Form

Child's name_____
Last First Middle

Address_____**State**_____**Zip**_____

Home Phone _____**Sex** _____**Birthdate** _____

e-mail _____

Grade in Sept. 2012: Pre-K 4_____ **Kdg.** _____**1st**_____**2nd**_____

Father's name_____ **Mother's name**_____

Work phone_____ **Work phone**_____

Marital Status: Married _____**Separated** _____**Divorced** _____**Widowed**_____

Please circle the number of weeks, dates of attendance and number of days:

Number of weeks: _____**(minimum 2 weeks)**

Week of - **June 18, June 25, July 02, July 09,**
July 16, July 23, July 30, Aug. 6

5 full days **5 half days**
3 full days (M-W-F) **3 half days (M-W-F)**
2 full days (TTH) **2 half days (TTH)**

Before care: $5.00 daily 7:30-9:00am
After care: $13.00 daily 3:00 – 6:00pm

A registration fee of $30.00 per child is required. (If you register before April 5th, the registration fee will be waived.)

Registration Fee _____Tuition Payment_____
Cash _____Check #_____ (Please make checks payable to I.C. Pre-K)
Call: (732-251-7430 for information)