

Immaculate Conception Preschool

Registration Form

One Year T/T ____ (9am-12pm) M/W/F ____ (9am-12pm)

Two Year T/T ____ (9am-12pm) M/W/F ____ (9am-12pm)

**** Students enrolling for 3 years or older must be toilet trained****

Three Year M/T/W ____ (9am-12pm)

Three Year T/T ____ (9am-2pm) M/W/F ____ (9am-2pm)

Four Year PreK T/T ____ (9am-2pm) M/W/F ____ (9am-2pm)

Four Year PreK I M-F ____ (9am-2pm)

Four Year PreK II M-F ____ (9am-2pm)

*PreK III M-F ____ (9am-2pm) *Must be 5 years by December 31, 2020

Male ____ Female ____ Child's Birthday _____

Child's Full Name _____

What is the child called? _____

Is your child new to this school? Yes ____ No ____

Parents Information:

Mother's Name _____ Contact# _____

Mailing Address _____ Work # _____

City/State _____ Zip _____ Other # _____

Where Employed _____ E-Mail _____

Hours _____

Father's Name _____ Contact # _____

Mailing Address _____ Work # _____

City/State _____ Zip _____ Other # _____

Where Employed _____ E-Mail _____

Hours _____

Marital Status Married Divorced Single Widowed

If divorced who is the primary caregiver Father Mother

Joint Custody Grandparents

Emergency Information:

Name of person(s) authorized to act for parent in an emergency

_____ Phone _____

_____ Phone _____

Name of person to provide transportation _____

Name of Physician _____ Phone _____

Religious Affiliation _____

Background Information:

Other children in the family: Name Birthday School

****Please list any information you feel we should know (Allergies, etc.):**

Immaculate Conception Preschool

Please read and sign

Immaculate Conception Preschool Purpose and Policy Statement

The purpose of Immaculate Conception Preschool is to provide children with a happy and relaxed atmosphere that allows them to learn and have fun. This is accomplished through art, field trips, music, fingerplays, supervised play, and table games and activities. Through these activities, the child learns to work and play with others, to listen and follow directions, to share, to cooperate and to grow in self-control.

1. Hours of Operation: 9:00 AM – 2:00 PM
2. Calendar Year: ICP follows Immaculate Conception School Calendar
3. Fees:
 - Registration Fee: \$75.00 (Non-Refundable)
 - Supply Fee: \$30.00
 - Book Bag: \$10.00
4. Monthly Tuition:

Tues/Thurs(9am-12pm)	1 & 2 year old Programs	\$160.00
Mon/Wed/Fri(9am-12pm)	1 & 2 year old Programs	\$210.00
Mon/Tues/Wed (9am-12pm)	3 year old Program	\$210.00
Tues/Thurs(9am-2pm)	3 year old & PreK Program	\$240.00
Mon/Wed/Fri(9am-2pm)	3 year old & PreK Programs	\$290.00
Monday-Friday(9am-2pm)	PreK I, II, III Programs	\$340.00
5. Application/Policy Statement and Health Record must be kept on file.
6. The preschool program has planned activities as well as free play for the children and complies with The Tennessee Department of Education standards and requirements. Discipline is limited to time outs and loss of privileges.

I have read and am aware of the above policies.

Signature

date

Immaculate Conception Preschool

Development (compared to other children this age)

Does your child have any problems with talking or making sounds? _____

Please explain. _____

Does your child have any problems with walking, running, or moving? _____

Please explain. _____

Does your child have any problems using his or her hands (such as with puzzles, small building pieces)? _____ Please explain. _____

Social Relationships/Play

What ages are your child's most frequent playmates? _____

Is your child Friendly? ____ Aggressive? ____ Shy? ____ Withdrawn? ____

Does your child play well alone? _____

What is your child's favorite toy? _____

Is your child frightened by (circle all that applies) Animals, Rough Children, Loud Noises, Darkness, Storms, Other, please list: _____

Who does most of the disciplining? _____

What is the best way to discipline your child, EXCLUDING physical punishment?

With which adults does your child have frequent contact? _____

Does your child use a special comforting item (such as a blanket, stuffed animal, and doll)?

Is there any other information that you wish to share that would assist in meeting your child's needs? _____

Parent's Signature _____ Date _____
