Preschool

INCARNATION PRESCHOOL REGISTRATION FORM 2018-2019

$100 Non-Refundable Fee Must Accompany Form
Tuition is based on an annual rate divided into monthly payments. Tuition is not pro-rated.

OFFICE USE:
Registration #_____
Application Fee ck #_____
Date_____
Activity Fee ck #_____
Date_____
May Tuition ck #_____
Date_____
Aftercare Fee ck #_____
Date_____

DATE OF REGISTRATION_____

Student Name:_____Likes to be called:_____
First Middle Last

Age as of Aug. 15, 2018_____Birthday_____Sex (circle): Male Female

Address _____City _____ Zip_____

Home Phone:_____

Registered Incarnation Parishioner? Yes_____No____If no, what Church do you attend?_____

Is the Child currently enrolled at Incarnation Catholic Preschool? _____ CLASS_____DAY_____

Has your child previously attended another Preschool/MDO program? Yes____ No____ If Yes, when and where_____

_____

Was your child born in the United States? Yes_____ No_____ If no, a negative TB test will be required prior to admission.

Ethnic Background:_____Caucasian _____African American _____Asian _____ Hispanic Other_____

Primary Language spoken in the home:_____If not English, is child fluent in English?_____**Parents:**

Indicate your enrollment preference (indicate 1st and 2nd choice) Must be age of the class entering by Aug. 15, 2018:
Application Fee $100 (per child) Activity Fee $150 (per child) Aftercare Fee $50 (per child)

Monthly Tuition for 9:30-2:30: $225 (2 days) $335 (3 days) $560 (5 days)

One Year Old
_____Tuesday/Thursday _____Monday/Wednesday/Friday _____ Monday-Friday

Two Year Old
_____Tuesday/Thursday _____Monday/Wednesday/Friday _____ Monday-Friday

Three Year Old (Must be Potty Trained by 8/1/18)
_____Tuesday/Thursday _____Monday/Wednesday/Friday _____ Monday-Friday

Four Year Old
_____Tuesday/Thursday _____Monday/Wednesday/Friday _____Monday-Friday

Five Year Old/Transitional Kindergarten
_____Monday through Friday

AFTERCARE-2:30 p.m.-6:00 p.m.

____ Tues/Thurs (2 days)-$110 ____ Mon/Wed/Fri (3 days)-$160 ___ Mon-Fri (5 days)-$265

Parents (Guardians) Information

Mother_____Work # _____ Cell#_____

Email: _____ Employer:_____

Father_____Work # _____Cell#_____

Email: _____ Employer:_____

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Student Name:_____
First Middle Last

Parents Marital Status: _____Married _____Separated _____ Divorced
If divorced, please provide documentation from divorce decree that pertains to child(ren)
Are there any court orders addressing custody of your child? Yes/ No If yes, provide details on a separate sheet

Siblings & Others Living in the Home	Age	School Children Attend

Emergency Contacts (other than parents) local numbers only.

1. Name_____Home Phone_____
   Relationship _____Work #_____Cell #_____
2. Name_____Home Phone_____
   Relationship _____Work #_____Cell #_____

May student be released to the above emergency contacts in case parents cannot be contacted? Yes No *(Please circle one)*

Who will bring child to program?_____

Individuals who have permission to pick up your child_____

Medical information

Allergies:_____Ongoing/recurrent medical condition(s):_____

Prescribed medication:_____

Diagnosed disabilities or special needs?_____

Does your child have an IEP (Individual Education Plan)?_____

List any services your child is currently receiving and/or has received (Speech, OT, PT, ABA)_____

_____

Physician's Name:_____Phone Number _____

Hospital Preference_____Hospital Phone:_____

Health Insurance Carrier _____Additional Health Insurance_____

I understand that my child is subject to the rules and regulations stated in the Preschool handbook that is revised annually. I have reviewed the Incarnation Preschool guidelines regarding tuition and fees. I further understand that I will be responsible for all fees and tuition for this school year as stated in the guidelines. Should amounts owed Incarnation Preschool be placed for collection, the signor of this agreement agrees to pay expenses of collection, including, without limitation, reasonable attorney fees, expenses, and disbursements.

_____ _____
Parent/Legal Guardian Signature Date

ANY CHANGES TO ANY INFORMATION PROVIDED ABOVE MUST BE SUBMITTED IN WRITING.