



# INCARNATION PRESCHOOL REGISTRATION FORM 2017-2018

**\$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 # \_\_\_\_\_  
Registration Fee ck # \_\_\_\_\_  
Date \_\_\_\_\_  
Activity Fee ck # \_\_\_\_\_  
Date \_\_\_\_\_  
May Tuition ck # \_\_\_\_\_  
Date \_\_\_\_\_  
Wait List ck # \_\_\_\_\_  
Date \_\_\_\_\_

DATE OF REGISTRATION \_\_\_\_\_

Student Name: \_\_\_\_\_ Likes to be called: \_\_\_\_\_  
First Middle Last

Age as of Aug. 15, 2017 \_\_\_\_\_ 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? \_\_\_\_\_

**Indicate your enrollment preference (indicate 1<sup>st</sup> and 2<sup>nd</sup> choice) Must be age of the class entering by Aug. 15, 2017:**  
Application Fee \$100 (per child)      Activity Fee \$150 (per child)      Aftercare Fee \$50 (per child)

**Monthly Tuition for 9:30-2:30: \$206 (2 days)    \$309 (3 days)    \$412 (4 days)    \$515 (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** \_\_\_\_\_ Tuesday/Thursday \_\_\_\_\_ Monday/Wednesday/Friday \_\_\_\_\_ Monday-Friday  
Must be Potty Trained by 8/1/17

**Four Year Old**  
\_\_\_\_\_ Tuesday/Thursday \_\_\_\_\_ Monday/Wednesday/Friday \_\_\_\_\_ Monday-Friday

**Five Year Old/Jr Kindergarten (4 days per week)**  
\_\_\_\_\_ Tuesday through Friday

**AFTERCARE-2:30 p.m.-6:00 p.m.**  
\_\_\_\_\_ Tues/Thurs (2 days)-\$100    \_\_\_\_\_ Mon/Wed/Fri (3 days)-\$150    \_\_\_\_\_ Tues-Fri (4 days)-\$200    \_\_\_\_\_ Mon-Fri (5 days)-\$250

**Parents: (Guardians) Information**

Mother \_\_\_\_\_ Work # \_\_\_\_\_ Cell# \_\_\_\_\_

Email: \_\_\_\_\_ Employer: \_\_\_\_\_

Father \_\_\_\_\_ Work # \_\_\_\_\_ Cell# \_\_\_\_\_

Email: \_\_\_\_\_ Employer: \_\_\_\_\_

If parents are divorced, which parent has custody? \_\_\_\_\_

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Student Name: \_\_\_\_\_  
First Middle Last

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.**