Incarnation Preschool & Mother's Day Out
REGISTRATION FORM
2011-12

OFFICE USE:
Registration #_____
Registration Fee ck #_____
Date_____
Activity Fee ck #_____
Date_____
May Tuition ck #_____
Date_____
Wait List ck #_____
Date_____
START DATE_____

DATE OF REGISTRATION_____

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

Age as of Sept 30, 2011_____Birthday_____Sex___M____F

Address _____City _____ Zip_____

Home Phone:_____

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

Is the Child currently enrolled at Incarnation Preschool/MDO? _____CLASS_____DAY_____

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

_____

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 1st and 2nd choice) Must be age of the class entering by Sept 30, 2011:
Monthly Tuition: $85 (1 day) $170 (2 days) $255 (3 days) $340 (4 days) Registration Fee $50 Activity Fee $80

One Year Old (1 or 2 days per week)
_____Tues_____Wed_____Thurs_____Friday or _____Tuesday/Thursday_____Wednesday/Friday

Two Year Old (1 , 2 or 3 days per week)
_____Mon._____Tues_____Wed_____Thurs____Fri_____Tuesday/Thursday_____Wednesday/Friday_____Mon/Wed/Fri.
Three Year Old (2 or 3 days per week)
_____Tuesday/Thursday_____Mon/Wed/Fri.

Four Year Old (2 or 3 days per week)
_____Tuesday/Thursday_____Monday/Wednesday/Friday

Five Year Old – Must be 5 by Sept. 30, 2011
_____Tuesday through Friday

Parents: (Guardians) Information

Mother_____Work #_____Cell#_____Email: _____

Employer:_____

Father_____Work #_____Cell#_____Email: _____

Employer:_____

If parents are divorced, which parent has custody?_____

I authorize this information to be published in the school directory: _____Yes_____No

Exclude the following from the directory_____

NON-REFUNDABLE REGISTRATION FEE OF $50 MUST ACCOMPANY THIS APPLICATION.

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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 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.

_____ _____
Parent/Legal Guardian Signature Date

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