

**Immaculate Conception/Dardenne Sunday Preschool Registration
2010-2011**

Date received in office _____

**Please Note: Sunday Preschool is for children ages 3 and 4 (or 5 who will not be in Kindergarten in fall 2010)
You must be a registered member of ICD**

FAMILY NAME _____ HOME PHONE _____ CELL _____

MOTHER'S NAME _____ FATHER'S NAME _____

HOME ADDRESS _____ ZIP _____

EMAIL ADDRESS _____

LIST FAMILY MEMBERS WHO HAVE ATTENDED PROTECTING GOD'S CHILDREN CLASS:

LIST EACH CHILD SEPARATELY: CHILDREN MUST BE 3 BY 7/31/10

LAST	FIRST	NICKNAME	DATE OF BIRTH	AGE ON 8/01/10
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LIST ANY MEDICAL, LEARNING OR BEHAVIORAL CONCERNS. INCLUDE FOOD ALLERGIES.

LAST	FIRST	NICKNAME	DATE OF BIRTH	AGE ON 8/01/10
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LIST ANY MEDICAL, LEARNING OR BEHAVIORAL CONCERNS. INCLUDE FOOD ALLERGIES.

PLEASE INDICATE PREFERRED SESSION:

8:30 AM 10:15 AM (circle one)

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FEES: 1 CHILD: \$65.00 2 CHILDREN: \$90.00 3 OR MORE: \$100.00
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YES, I AM WILLING TO BE A TEACHER: _____

YES, I AM WILLING TO ASSIST IN THE CLASSROOM: _____

OFFICE USE ONLY:

PAYMENT RECEIVED (AMOUNT): _____ CHECK # _____ CASH: _____