

IMMACULATE CONCEPTION PRE-KINDERGARTEN

Attendance Days 2017 - 2018

Child's Name _____
Last First Middle Sex Birth Date

Brothers/Sisters

<u>Name</u>	<u>Age</u>	<u>School</u>	<u>Grade</u>

Please check your choice of attendance days:

Class: 2 Year 3 Year 4 Year

Session: Morning Full Day Extended Day

Days: Monday Tuesday Wednesday Thursday Friday

Registration Fee _____ Tuition Payment _____

Cash _____ Check # _____ F.A.C.T.S. _____ Date _____

(Please make checks payable to I.C. Pre-K)