

IMMACULATE CONCEPTION
Summer Registration Form 2018

Child's name _____

Address _____
Last First Middle State Zip

Home Phone _____ cell _____ Sex ___ Birthdate _____

e-mail _____ allergies: _____

Grade in Sept. 2018: Pre-K 3 _____ Pre-K 4 _____ Kdg. _____ 1st _____ 2nd _____

Father's name _____ Mother's name _____

Work/cell phone _____ Work/cell phone _____

Please **indicate** the number of weeks, dates of attendance and number of days:

Number of weeks: _____ (minimum 2 weeks)

Weeks - **June 18,** **June 25,** **July 02,** **July 9,**
July 16, **July 23,** **July, 30,** **Aug. 06**

5 full days **4 full days** **3 full days** **2 full days**

5 half days **4 half days** **3 half days** **2 half days**

Before care: \$5:00 daily 7:30-9:00am

After care: \$15.00 daily 3:00 – 6:00pm

A registration fee of \$20.00 per child is required. (waived if registered by May 1st)

Registration Fee _____ Tuition Payment _____

Cash _____ Check # _____ (Please make checks payable to I.C. Pre-K)

Call: 732-251-7430 for information, or gmartin@icsspotswood.com