

IMMACULATE CONCEPTION SCHOOL

REGISTRATION FOR ENRICHMENT, JR. KINDERGARTEN and K – 6th GRADE

Date of Registration _____

We plan to enroll our child for: K through 6 Junior Kindergarten Enrichment

Transfer Transfer from _____

STUDENT INFORMATION:

(Please list students youngest to oldest)

Student Names:	Sex	Birth Date	Ethnicity	Grade Level
_____	M F	_/_/_	_____ <small>*(see below)</small>	_____
_____	M F	_/_/_	_____	_____
_____	M F	_/_/_	_____	_____
_____	M F	_/_/_	_____	_____

JR. KINDERGARTEN REGISTRATION INFORMATION
I WOULD LIKE TO REGISTER MY CHILD FOR:

MON-FRI MORNING JUNIOR KINDERGARTEN
MUST BE 4 YEARS OF AGE BEFORE SEPTEMBER 1ST.

MON-FRI AFTERNOON ENRICHMENT
MUST BE 4 YEARS OF AGE PRIOR TO JANUARY 1ST

I UNDERSTAND THERE IS A \$25.00 NON-REFUNDABLE FEE
FOR PRESCHOOL REGISTRATION

*Please use the following chart for ethnicity: Alaska Native= **AL** American Indian= **AI** Asian=**A** Black/non-Hispanic = **BL**
Hispanic=**H** Native Hawaiian /Pacific Islander= **NH** White, non Hispanic= **W**

Home Address _____ City _____ State _____ County _____ Zip _____

School Correspondence E-mail Address _____ Present Parish _____

Please Circle form of transportation to & from school: Bus Carpool Walk Other: _____

If Carpool please provide name and number of responsible person or persons:
Name: _____ Phone _____
Name: _____ Phone _____

PARENT INFORMATION:

Mother (or guardian)

Father (or guardian)

Name _____
Email (if different from above) _____
Address _____
City _____ St _____ Zip _____
Home Phone _____ Cell _____
Employer _____ Work Phone _____

Name _____
Email (If Different from above) _____
Address _____
City _____ St _____ Zip _____
Home Phone _____ Cell _____
Employer _____ Work Phone _____

Status of Parents: _____ Married _____ Separated _____ Divorced _____ Remarried _____ Father Deceased _____ Mother Deceased

Please list any special arrangements you want us aware of _____

Names & Ages of Siblings not enrolled at I.C.: _____

Emergency Contacts: **Please List Someone other than parent or guardian;** we will always attempt to contact Parents first. These names should be someone who would be available to make decisions on your behalf.

Name _____ Phone _____ Cell _____
Name _____ Phone _____ Cell _____

OPERATION BLIZZARD: I will be responsible for my children My children will go to a friend/relative's home: **NAME:** _____
PHONE: _____ **ADDRESS:** _____

EMERGENCY/MEDICAL INFORMATION:

Name of Family Physician _____ Phone _____ Clinic _____
Please explain any special medical needs/Allergies _____
Special Education Needs: _____

MAY WE SHARE THIS INFORMATION WITH OUR SCHOOL STAFF? YES NO

I understand over the counter medications may be given to my child by school staff only. **Medications will only be dispensed after gaining parental permission by phone or in person.** All medications (over the counter and prescription) must be brought to the office in their original container, with prescription/dosage information and the child's name clearly visible.

I UNDERSTAND IT IS MY RESPONSIBILITY TO SUBMIT HEALTH SERVICES REQUEST FORMS A & B PROVIDED IN THE STUDENT HANDBOOK IF MY CHILD HAS A FOOD OR OTHER ALLERGY THAT WOULD REQUIRE A SPECIAL DIET OR CARE. THESE FORMS MUST BE COMPLETED BY PARENTS AND CHILD'S PHYSICIAN

PARENTAL CONSENT

I hereby consent to any medical services that may be required while my child is under the supervision of an employee of Immaculate Conception School and hereby appoint an Immaculate Conception Employee to act on my behalf in securing necessary medical services from any duly licensed physician or medical emergency provider. Responsibility for payment of ambulance, physician and/or hospital is that of the parent or guardian.
 I release school personnel from any liability in relation to the administration of medical care plans. Immaculate Conception School acknowledges that its personnel have limited or no knowledge of administering health related services.

BAPTISMAL INFORMATION:

Childs First Name	Baptism Date	Parish	City, State
_____	__/__/__	_____	_____
_____	__/__/__	_____	_____
_____	__/__/__	_____	_____

IC Staff is authorized to access the South Dakota State Immunization website to obtain current immunization information for my child(ren).
 I have received a copy of the IC School Student/Parent Handbook. I understand its contents and will support the Covenant of Immaculate Conception School.
 I/we consent to our child(ren)'s likeness to be published in local & diocesan publications and our website.

TUITION INFORMATION:

A non-refundable \$50.00 deposit per family is required at the time of registration for grades K-6. This deposit will be applied towards tuition at beginning of school year.
I understand that all tuition payments are due by the 10th of the month.
I agree that by the end of the current school year I will have paid all tuition and lunch/milk fees in full.
I verify that all information provided on this form is accurate to the best of my knowledge; I have read, understand and agree with all statements on this form. I have also read, understand and agree to comply with the tuition information.

Signed (Parent/Guardian) _____ Date: _____