



*Immaculate Conception School*

**314 Old Allerton Road  
Annandale, NJ 08801**

_____		Last Name
_____	Student's First Name	_____
		Grade
_____	Student's First Name	_____
		Grade
_____	Student's First Name	_____
		Grade
_____	Student's First Name	_____
		Grade

\_\_\_\_\_ Home Address

Contact Information: \_\_\_\_\_  
Home Telephone

_____	Mother Work	_____	Mother Cell
_____	Father Work	_____	Father Cell

**List the names of persons who should be contacted if the parents/guardians are unable to be reached at time of emergency and/or pickup.**

Name: _____	Name: _____
Relationship to child: _____	Relationship to child: _____
Telephone: _____	Telephone: _____
Cell: _____	Cell: _____

Name: _____	Name: _____
Relationship to child: _____	Relationship to child: _____
Telephone: _____	Telephone: _____
Cell: _____	Cell: _____

**Extended Care Fee Structure and Hours of Operation:**  
 Fee Structure: \$ 8.50 per hour per child. Minimum billing is 1 hour per child per month.  
 Hours of Operation: Preschool AM Programs and TK until 2:30 pm in Early Ed Bldg.  
 Grades K-8 until 5:30 pm MPR  
 Cell Phone to Contact PM Program After Regular School Hours: 908-399-1138

***Payment will be collected through electronic funds transfer with FACTS.  
Registration with FACTS is required.***

\_\_\_\_\_ Parent Signature \_\_\_\_\_ Date

**Extended Care Registration Form and Contract  
September 2020 through June 2021**

