

**IMMACULATE CONCEPTION PRE-KINDERGARTEN**

**Attendance Days 2019 - 2020**

Child's Name \_\_\_\_\_  
Last First Middle Sex Birth Date

**Brothers/Sisters**

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