



STUDENT ENROLLMENT FORM

DATE OF APPLICATION: _____

INFORMATION FOR CHILD

LAST NAME:		
FIRST NAME:	MIDDLE NAME:	SEX: M OR F
ADDRESS LINE 1:		
ADDRESS LINE 2:		
CITY:	STATE:	ZIP:
DOB:	PLACE OF BIRTH: CITY:	STATE:
PARISH:	RELIGION:	
PRESCHOOL PREVIOUSLY ATTENDED:		

MOTHER

LIVING: Y OR N	
LAST NAME:	MAIDEN NAME:
FIRST NAME:	
RELIGION:	
CELL PHONE:	WORK PHONE:
EMPLOYER:	OCCUPATION:
SELF EMPLOYED Y OR N:	
EMAIL ADDRESS:	

FATHER

LIVING: Y OR N	
LAST NAME:	MAIDEN NAME:
FIRST NAME:	
RELIGION:	
CELL PHONE:	WORK PHONE:
EMPLOYER:	OCCUPATION:
SELF EMPLOYED Y OR N:	
EMAIL ADDRESS:	

HOME LIFE

TWO BIOLOGICAL PARENTS:	Y OR N	ONE PARENT:	Y OR N
MOTHER/STEPFATHER:	Y OR N	FATHER/STPMOTHER:	Y OR N
OTHER:	Y OR N		
SPECIFY:			

SIBLINGS

SIBLING 1: NAME:	AGE:
SIBLING 2: NAME:	AGE:
SIBLING 3: NAME:	AGE:
SIBLING 4: NAME:	AGE:

EMERGENCY CONTACT

1:	NAME:
	PHONE:
2:	NAME:
	PHONE:

ADDITIONAL INFORMATION

PRIMARY EMAIL ADDRESS FOR BILLING PURPOSES:

DOES YOUR CHILD HAVE ANY ALLERGIES? Y OR N
IF YES, PLEASE SPECIFY:

HAS YOUR CHILD EVER BEEN EVALUATED OR RECEIVED SERVICES FROM EARLY INTERVENTION OR DEVELOPMENTAL PEDIATRICIAN?

Y OR N

IF YES, PLEASE SPECIFY:

DOES YOUR CHILD HAVE AN IEP (INDIVIDUAL EDUCATION PLAN) OR ISP (INDIVIDUAL SERVICE PLAN)? Y OR N

Please note: If your child has any allergies, or has/have an IEP/ISP we require documentation from doctor or service provider for our records prior to the start of the school year.

Special circumstances we should be aware of:

Pre Kindergarten Program Selection (Please Circle)

Five Day Program	Four Day Program M/T/W/Th (Three's & four's Only)	Three Day Program M/W/F (Two's & Three's Only)	Two Day Program T/Th (Two's Only)
Full Day 8:45 AM - 2:30 PM	Full Day 8:45 AM - 2:30 PM	Full Day 8:45 AM - 2:30 PM	
Half Day 8:45 AM - 11:45 AM		Half Day 8:45 AM - 11:45 AM	Half Day 8:45 AM - 11:45 AM

Immaculate Conception Kindergarten
M-F
Full Day
8:45-2:30