



## Immaculate Conception School of Allegany County

24 Maple Avenue · Wellsville, NY 14895 · 585-593-5840 · [www.icc-ics.org](http://www.icc-ics.org)

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## 2021-2022 REGISTRATION FOR PRE-K3 AND PRE-K4

*Please return the second sheet (REGISTRATION FORM) with the \$40 registration fee. Check to: ICS*

### PRE-K3

Students must be 3 years old by December 1, 2021. Our Pre-K3 will have a Tuesday and Thursday group that will meet from 9:00a.m.-11:30a.m. We need to have at least 6 to fill one class. Through our small groups; socialization, cooperation, and creativity are encouraged. Language development will be stimulated through individual and small group situations.

### PRE-K4

Your child will grow in his/her gross and fine motor skills while developing emotionally, socially, and academically. Our Pre-K4 program offers a diverse curriculum which incorporates computers, arts and crafts, music, and science. This program integrates Kindergarten readiness skills by introducing basic math, reading, and writing concepts into our daily routine. Your child must be 4 years old by December 1, 2021 to register.

### REQUIRED PAPERS

New York State requires proof of immunization. Please include a **copy of your child's immunization records**. A **copy of your child's birth certificate** will be required as proof of age and eligibility for either Pre-K3 or Pre-K4. Please have the Health Certificate filled out by your child's physician. A copy of the Baptismal certificate is optional.

### AFTER SCHOOL CARE

After School Care is offered to our Pre-K families. After School Care begins at 2:00p.m. for Pre-K4 students. The fee is \$4.00 per child, per hour for the first child in the family, \$2.00 per hour for the second child and \$1.00 more for each additional child. Billing will be once a month. Payments are due upon receipt of the bill.

### CALENDAR

We follow the Wellsville Central School calendar. We will not hold classes on the vacations and holidays that they are closed. In case of school closing due to bad weather or any other reason, if the Wellsville schools are closed Immaculate Conception School is closed.

### DISMISSAL

Dismissal is a hectic time for our Pre-K classes; therefore, we ask your cooperation. Please be prompt in picking up your child. If your child is being picked up by someone different, please send a note in that morning to the teacher. Parents are to wait at the back door of school and the teachers will bring the children to meet you. We realize that there are emergencies but we ask that you try NOT to call during the dismissal time. The little ones are anxious to see Mom and Dad but safety is our top priority.

**SCHOOL INFORMATION**

To help us plan an individual program for your child, please fill out the following the best that you can:

Favorite type of play \_\_\_\_\_

Family activities \_\_\_\_\_

Any previous preschool experience? \_\_\_\_\_

**FAMILY INFORMATION**

Religion \_\_\_\_\_ Church \_\_\_\_\_

**DISMISSAL INFORMATION**

In case of an emergency, who may pick up this student?

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**MEDICAL HISTORY**

Has your child ever had convulsions? \_\_\_\_\_ If yes, please explain.

\_\_\_\_\_

Has he/she ever been hospitalized? \_\_\_\_\_ If yes, please explain.

\_\_\_\_\_

Does he/she have a vision problem? \_\_\_\_\_ If yes, please explain.

\_\_\_\_\_

Does he/she have a problem hearing? \_\_\_\_\_ If yes, please explain.

\_\_\_\_\_

Does your child have any of the following?

\_\_\_allergies \_\_\_anemia \_\_\_asthma \_\_\_bronchitis \_\_\_heart condition \_\_\_other

If yes, please explain.

\_\_\_\_\_

Is your child on any medication? \_\_\_\_\_ If yes, please explain.

\_\_\_\_\_

Please add any additional comments that might aid in better understanding your child.

\_\_\_\_\_

## CLASS TIMES AND TUITION

<b>Pre-K3</b>	Tuesday and Thursday	9:00AM-11:30AM at \$1200.00/10 payments of \$120.00
<b>Pre-K4</b>	5 Half Days	Monday-Friday, 8:00AM-11:30AM \$1800.00/10 payments of \$180.00
	5 Full Days	Monday-Friday, 8:00AM-2:00PM \$3600.00/10 payments of \$360.00

There is a **\$40 non-refundable registration fee** payable with your child's registration.

## TUITION, FEES, CHARGES, AND COLLECTION OF DELINQUENT PAYMENTS

Tuition may be paid with one of the following plans:

**PRE-K3 AND PRE-K4 – 10 PAYMENTS:** Due by the 15<sup>th</sup> of each month  
Payments begin September 15, 2021 and end June 15, 2022

**ONE PAYMENT – FOR THE ENTIRE SCHOOL YEAR – RECEIVE A 10% DISCOUNT**  
Due by September 1, 2021

It is noted that the above programs require a minimum of 10 students per session to make them viable. If the minimum is not met, we reserve the right to adjust the program schedule.

### REGISTRATION/APPLICATION FEES:

**\$40.00 per student paid at time of registration. Fee is non-refundable**

**CHARGES:** \$35.00 for bad checks  
\$35.00 for monthly late charges

**COLLECTION OF DELINQUENT PAYMENTS:** Two weeks following payment due date delinquent accounts will be sent a letter soliciting payment for the balance due, including late fees. If payment is not probable within one week of this notification, the notified parties are to arrange for an appointment to meet with the Pastor. The results of this meeting should resolve current and potential future delinquency.

### FAILURE TO COMPLY WITH THIS PROCESS MAY RESULT IN:

- A. Referring the account to a collection agency, with all collection fees and charges being assessed to your account.
- B. If your payments are consistently late, the Pastor may require payment for the semester *in advance*.



# Immaculate Conception School of Allegany County

## 2021-2022 REGISTRATION FORM – Pre-K3 and Pre-K4 Program

Return this form along with a \$40 non-refundable registration fee per child, the Tuition Agreement, a copy of your child’s immunization record, a copy of the birth certificate, a copy of the baptismal certificate (if applicable) and the completed Health Certificate.

### PERSONAL INFORMATION

Name of Student \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Address \_\_\_\_\_ Town/State/Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Mom’s Cell \_\_\_\_\_ Dad’s Cell \_\_\_\_\_

School District in which you reside \_\_\_\_\_

Mother’s Name (include maiden name) \_\_\_\_\_

Father’s Name \_\_\_\_\_

### PLEASE CHECK THE PROGRAM YOU ARE INTERESTED IN:

**PRE-K3**      \_\_\_\_\_      Tuesday and Thursday      9:00AM-11:30AM

**PRE-K4**      \_\_\_\_\_      Monday-Friday (5 half days)      8:00AM-11:30AM

\_\_\_\_\_      Monday-Friday (5 full days)      8:00AM-2:00PM

### SIBLINGS (Please list full name and birthdates of all.)

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Name \_\_\_\_\_ Birthdate \_\_\_\_\_