



*Immaculate Conception School*  
**314 Old Allerton Road**  
**Annandale, NJ 08801**

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

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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: _____

**Before Care (Early Education Building Only) Fee Structure and Hours of Operation:**  
 Fee Structure: \$7.25 per hour per child. Minimum billing is 1 hour per child per month.  
 Hours of Operation: 7:15 AM – 8:15 AM

**Extended Care Fee Structure and Hours of Operation:**  
 Fee Structure: \$ 7.25 per hour per child. Minimum billing is 1 hour per child per month.  
 Hours of Operation: AM Program until 2:30 pm  
 PM Program until 5:30 pm  
 Cell Phone to Contact PM Program After Regular School Hours: 908-399-1138

*Invoices mailed monthly. Prompt payment is expected for continued use of the program.*

_____	_____
Parent Signature	Date

**Before Care and Extended Care  
 Registration Form and Contract  
 September 2016 through June 2017**

