



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: \$ 8.00 per hour per child. Minimum billing is 1 hour per child per month.

Hours of Operation: Preschool AM Programs until 2:30 pm

PM Program (K-8) 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 2017 through June 2018**