



I.C.C. Pre-School

Where Love, learning & Guidance are part of the Curriculum

Admission Application Pre-School (ages 3-5 Years)

APPLICANT'S NAME

Last First Middle Male – Female

Street Address City State Zip

Home Phone Social Security Number

Date of Birth Place of Birth

Does your child have any special learning, speech, physical or behavioral problems? If yes, explain

Does your child have any special needs we should be aware of? If yes, explain

Language Spoken: 1. _____ 2. _____

FAMILY INFORMATION

Father

Mother

Name

Name

Home Address

Home Address

City State Zip

City State Zip

Occupation

Occupation

_____/_____

Home Phone / Cell Phone

_____/_____

Home Phone / Cell Phone

Medical Information:

Physician Name: _____ Hospital Preference: _____

Address: _____ Insurance Carrier: _____

Phone: _____ Policy Number: _____

Any Known Allergies? _____

Immunizations on file? Yes _____ No _____

Emergency Information

This area must be filled out for each person that will be authorized to pick up your child. Verification of Identity will be asked from each person.

Name: _____ Phone: _____

Address: _____

Driver's License Number: _____ State: _____

Social Information

Applicants lives with (Please check all that apply): Father Mother Other

Names and ages of brothers: _____ Names and ages of sisters _____

Signature of Parent / Guardian: _____ Date: _____

Completed Application

The following materials constitute a complete application for admission:

- This application form filled out in its entirety
- \$100 non-refundable application fee remitted with application
- Completed Health Inventory
- Birth Certificate
- Up to date Immunization Record

