

Immaculate Conception

Preschool and Pre-Kindergarten

APPLICATION STUDENT INFORMATION

| CHECKLIST | Applying for Preschool Pre-K Date of Birth: Gender M F Sibling(s) Attending ICCS Hispanic Yes No Race American Indian/Native American Asian Black | | |
|---|---|--|--|
| All applications must Be complete | Native Hawaiian/Pacific IslanderWhite Multi Race List: | | |
| Upon Submission | Applicant's Legal Name: Last First | | |
| Current Immunization Records | Address: | | |
| Birth Certificate | City: Mailing Address | | |
| Baptismal Certificate: | City State Zip | | |
| Baptismai Certificate: | Phone #: (| | |
| Completed ADHS | Email: | | |
| Emergency, Information and Immunization Record | Religion: Place of Worship | | |
| | *If your child has been baptized please submit their baptismal certificate.* | | |
| Signed Tuition Agreement | Name of Present School:Current Grade: | | |
| Commettee | Address of Present School: | | |
| Copy of IEP **Only if Applicable | City: State: Zip: | | |
| | Phone # of Present School: () | | |
| \$50 Non-Refundable Registration Fee (New ICCS Families Only) | IEP Yes No | | |
| | Date of Application: | | |
| 750 N Bill Gray Road, Cotton | | | |
| jillbarteau@iccs-k8.org | www.iccs-k8.org | | |

Applications can be submitted in-person or via email - jillbarteau@iccs-k8.org



Immaculate Conception Catholic School & Preschool

Family Information

| Father | Mother | | | |
|--|--|--|--|--|
| Name: | Name: | | | |
| Address: | Address: | | | |
| City:State:Zip: | City:StateZip | | | |
| Home Phone: () | Home Phone: () | | | |
| Work Phone: () | Work Phone: () | | | |
| Cell Phone: (| Cell Phone: () | | | |
| Email: | Email: | | | |
| Occupation: | Occupation: | | | |
| Name of Business: | Name of Business: | | | |
| Religion: | Religion: | | | |
| Place of Worship: | Place of Worship: | | | |
| Parents married Father deceased Mother remarried Parents separated/divorced Mother Deceased Father remarried Single parent household Joint Custody | | | | |
| ** Supply Legal Documentation** Who has legal custody of the applicant? | | | | |
| With whom does the applicant reside? | | | | |
| Who has financial responsibility for the applicant's tuiti | on? | | | |
| Emergency Contact:Hor (If Parent Cannot Be Reached) | neWorkCell | | | |
| 750 N Bill Gray Road, Cottonwood, AZ 86326 jillbarteau@iccs-k8.org | Phone: 928-649-0624 Fax: 928-649-1191 www.iccs-k8.org | | | |



Immaculate Conception Catholic Preschool 2023-2024

Preschool and Pre-Kindergarten *Tuition Agreement*

| Please Check Box For Desired Schedule | Annual Tuition | Monthly Payment | | | |
|--|---|------------------------|--|--|--|
| Pre-Kindergarten – 4 years old by Sept. 1st 5 Full Days Only Mon -Thurs 8:30-3:00, Fri 8:30-12:30 | □ \$6,000.0 | 90 \$600.00 | | | |
| Preschool – 3 years old and potty trained | | | | | |
| Full Day Options: Full day hours are Mon - Thurs 8:30-3:00, Fri 8:30-12:30 | | | | | |
| 5 Full Days 4 Full Days – Mon - Thurs 3 Full Days: SelectMonTuesWedThurs | ☐ \$6,000.0 ☐ \$4,950.0 ☐ \$4,360.0 | 0 \$495.00 | | | |
| Half Day Options: Half day hours are 8:30 – 12:30 5 Half Days 4 Half Days: 3 Half Days: SelectMonTuesWedThursFri For new ICCS families only a \$50.00 Non-ref Fee is payable at the time of registration enrollment for your child | and will hold the | \$375.00 0 \$330.00 | | | |

- Tuition is payable on a 10-month basis from August to May.
- The first tuition payment and the month of withdrawal payment are non-refundable.
- Tuition is not prorated or refunded due to absences, holidays, in-service days, acts of God or nature. A full month's tuition will be charged for the first month of attendance regardless of start date. Tuition must be paid in full before student records can be released.
- Tuition payments may be made online by using FACTS Tuition Management account or in our main office.
- Annual tuition must be paid in full by the last day of school.

| Parent/Guardian Signature | Date | |
|---------------------------|------|--|