**Registration Checklist Preschool**

**2021-2022**

*Please return this Registration Checklist with all completed forms.*

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|  | Preschool Registration Form & Tuition Agreement |
|  | Preschool Uniform Shirt Order Form |
|  | 4th Annual Ed Freise Memorial Preschool Scholarship |
|  | Transportation Form |
|  | Witness Statement Form |
|  | Cafeteria Health Form |
|  | Student Internet Usage Contract |
|  | Media Authorization Form |
|  | Educational Needs Form |
|  | Before & Aftercare (BAC) Registration |
| Please circle payment type:Cash Check Check # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Please make checks payable to ICOM) | **Registration Fees** \_\_\_\_\_\_\_\_\_\_ Total School Registration Fee \_\_\_\_\_\_\_\_\_\_ Total BAC Fee **\_\_\_\_\_\_\_\_\_\_ *Grand Total of Fees*** |

***Please complete the enclosed registration packet and return to all items to the school office.***

February 1, 2021

Dear Families of Preschoolers,

Welcome to the Immaculate Conception School community. With the support and sacrifice of our parish and the dedication of our faculty and staff, we provide a school that is vibrant academically and spiritually. Immaculate Conception Parish has a strong commitment to quality Catholic Education and I am pleased you want your child/ren to have a Catholic education and would like for them to attend our school.

Enclosed in this packet you will find various forms that are important to Immaculate Conception School. You should find an Application for Admissions, a registration form, our admissions policy, a registration checklist, before and after care information, a physical examination form, and scholarship information.

Along with your application form and above listed information, you will find a copy of the Immaculate Conception School’s Philosophy and Mission Statement. I ask that you read, reflect, and give them consideration prior to returning your information to the school office.

With your completed Application for Admission form, please submit copies of your child/ren’s birth certificate, shot records (please give us your records as of today, summer shots can be added after school begins) and a copy of the Baptismal certificate (if Baptized at a parish other than Immaculate Conception) or Baptism date if the Sacrament was received here. We will be happy to copy any of these documents for you in the school office if needed.

All new students entering Immaculate Conception School, including Preschool students, will need to have a physical examination. The physicals must be done prior to the start of school and should not date back more than six months. We have physical forms for your doctor to complete. Please notice the information parents should complete on the physical form also.

In the event there are more families that apply for a particular grade level than spaces available, we will follow the Admissions policy enclosed in this packet.

Another important piece of information you need to know about Immaculate Conception School is that we are a completely peanut/nut free school. Due to allergies, we ask that no students or adults bring snack or lunch items that contain peanuts or nuts (including peanut butter sandwiches). Our cafeteria also serves peanut and nut free meals.

I realize questions may arise as you go through this packet. Please call the school office and we will give you as much help and information as possible.

Blessings,

Mr. John McGinley, Principal

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| **ICOM Preschool Information** |
| * Your child(ren) must be 3 years old by July 31, 2021 and potty-trained.
* School day is 7:45am - 3:00pm, students may be dropped off as early as 7:20am.
* Preschool will follow the same calendar schedule as the elementary school.
* Before Care (6:30am) and After Care (till 6:00pm) is available for an additional fee.
* Students will have a uniform t-shirt. They can wear any kind of shorts or pants with the t-shirt. They need to wear closed-toed tennis shoes and socks.
* Students may purchase lunch at school for an additional fee.
* Preschool Registration Fee $90.00
* Ed Freise Memorial Preschool Scholarship is available.
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| **ICOM Preschool Attendance Options** |

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| **3 Year Olds (Must be 3 years of age by July 31, 2021)** |

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| **2** days per week Tuesday/Thursday | $2,020 |
| **5** days per week Monday-Friday | $5,050 |

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| **4 Year Olds (Must be 4 by July 31, 2021)** |

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| **3** days per week Tuesday/Wednesday/Thursday | $3,030 |
| **5** days per week Monday-Friday | $5,050 |

If your situation requires a different schedule than above, you can submit your preference for consideration.

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| **Preschool Registration Form & Tuition Agreement 2021-2022** |
| Below, you will find the preschool tuition and fee information for the 2021-2022 school year. Please be sure to fill out the registration form, sign and return to the school office with your registration fee and all other documents. Registrations received by February 5th, 2021 will be enrolled based on the Admissions Policy. Registration accepted anytime after that date will be enrolled if we have space available. The non-refundable registration fee is due with this Preschool Tuition Agreement form. |

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| **Preschool Registration Form** |

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| **Family Information** |
| Family Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Family registered at Immaculate Conception Old Monroe Parish: \_\_\_\_\_\_\_ YES \_\_\_\_\_\_\_\_ NOIf no, please indicate what parish or church affiliation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_List the school district your family lives in the boundaries of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Example: Troy, Winfield, St. Charles, Wentzville, etc...* |
| **Parent(s) Information** |
| **FATHER**Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Father’s DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Religion of Father: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Contact #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternate #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **MOTHER** \_\_\_ Same address as aboveLast Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Mother’s DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Religion of Mother: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Contact #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternate #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Marital Status** |
| Marital Status: Married Divorced Single Remarried Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_If divorced, name of parent who has legal custody: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name of parent who has primary physical custody: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name of non-custodial parent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Contact #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of most recent decree, including modifications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***Please attach a copy of the most recent decree.***  |

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| **Preschool Student Information** |
| Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle Initial: \_\_\_\_\_\_\_\_DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: Male or FemaleBaptism Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Baptismal Church:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Does your child have any significant medical conditions, allergies or special needs? \_\_\_\_\_ YES \_\_\_\_\_ NOIf yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **For all new students, please attach a copy of the following certificates:*** Birth Certificate
* Baptismal Certificate

**For all new students grade K-8th, for all new preschool students and all students entering Kindergarten, 3rd, and 6th grade please attach the following:*** Immunization Records
* Physical Evaluation/Health Form from Pediatrician

**Should your child require or need medication to be dispensed during school hours, please have your child’s Pediatrician complete and sign the following:** * Medication Consent Form
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| **Preschool Tuition Agreement 2021-2022** |

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| --- | --- |
| Family Name |  |
| Father’s Name |  |
| Mother’s Name |  |
| Child’s Name |  |
| Child’s Date of Birth |  |
| Grade Level: P*lease Circle One Option* | Preschool (3 Year Old Room) ***Must be 3 by July 31, 2021***Pre-Kindergarten (4 Year Old Room)***Must be 4 by July 31, 2021*** |

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| **Attendance Options** |

Directions: Please indicate by placing an “X” mark next to the option you wish to enroll your child in for the 2021-2022 school year.

|  |  |  |  |
| --- | --- | --- | --- |
| \_\_\_\_\_ | 3 Year OldPreschool  | **2 Days per week** (Tuesday/Thursday) | $2,020 |
| \_\_\_\_\_ | 3 Year OldPreschool  | **5 Days per week** (Monday-Friday) | $5,050 |
| \_\_\_\_\_ | 4 Year Old Pre-Kindergarten  | **3 Days per week** (Tuesday/Wednesday/Thursday) | $3,030 |
| \_\_\_\_\_ | 4 Year Old Pre-Kindergarten  | **5 Days per week**(Monday-Friday) | $5,050 |

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| **Tuition Payment Options** |

Directions: Please indicate by placing an “X” mark next to the option you wish to select as your tuition payment option for the 2021-2022 school year.

|  |  |  |
| --- | --- | --- |
| **X** | Registration Fee for all students | $90.00 |
| \_\_\_\_\_ | Pay in full by the first day of school | No Fee |
| \_\_\_\_\_ | Semester Payments- ½ due August and the remaining ½ due in January | $10 FACTS Fee |
| \_\_\_\_\_ | 10 Monthly Payments August-May | $45 FACTS Fee |

**All preschool tuition will be paid through FACTS Tuition Management (see information flyer in this packet). All new families need to login to FACTS and set up their account after March 15th, 2021.**

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| **FACTS** |
| * Immaculate Conception Old Monroe School uses the FACTS tuition management system to collect tuition. If you were enrolled in the FACTS Management Program last year, you will automatically be re-enrolled in the same program this upcoming school year. You can go on-line and review your current information with FACTS Management at <https://online.factsmgt.com/signin/430Q7>.
* If you were not enrolled in FACTS last year, you ***MUST*** create an account with FACTS Management online. Please use the same link and click “Create a username and password”. If you have any questions please contact the parish office at (636) . Once you have completed the sign-up process, please notify the parish office so the agreement can be finalized. The sign-up process only takes a few minutes and must be completed by Friday, March 12, 2021. After you have signed up for your plan, you can go to <https://online.factsmgt.com> to view your information.
* Families that fail to sign up by this date will not be considered fully enrolled for next school year and may have fewer months for a payment plan option.
* If your bank information or any other enrollment information changes at any time, you will need to contact FACTS Management to provide them with the necessary changes.
* For more information about FACTS please see the Link tab in Fast Direct and look for FACTS Tuition Management.
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| **Preschool Registration Form & Tuition Agreement Signature** |
| I agree that all information listed above is factual. I agree to make tuition payments for the 2021-2022 school year according to the option I have indicated above. I agree to abide by our school policy regarding my tuition agreement.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_Parent/Responsible Party Signature Date |

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| **Preschool Uniform Shirt Order Form** |

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Best Contact #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade/Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| Please indicate the size and total number of shirts you would like... |

|  |  |
| --- | --- |
| **Short Sleeve $11.00 each** | **Long Sleeve $15.00 each** |
| 3T:  | 3T: |
| 4T:  | 4T: |
| Youth XS: | Youth XS: |
| Youth S: | Youth S: |
| Total # of Shirts: \_\_\_\_\_\_\_ x $11.00 = $\_\_\_\_\_\_ | Total # of Shirts: \_\_\_\_\_\_ x $15.00 = $\_\_\_\_\_\_ |

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| --- |
| Grand Total $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Make checks payable to ICOM. Thank you! |



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| **4th Annual Ed Freise Memorial Preschool Scholarship**  |

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| This is a needs based scholarship for preschool. The award amount will be up to $1,000 per child. Please fill in the information below and return it to the school office by March 1st, 2021. If you have any questions, please contact the school principal at (636) 665-5463 or jmcginley@icomparish.org.  |

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| --- |
| Student Name:  |
| Parent/Legal Guardian Name: |
| Phone Number: e-mail address: |
| Religious Affiliation: |
| Home Parish: |
| Are you a registered parishioner there?  |

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| --- |
| The following information will be used to determine financial eligibility for the Ed Freise scholarship. We may ask for a copy of your latest W-2 to confirm this information. |

**Household Information**

|  |  |  |
| --- | --- | --- |
| Number of Adults: | Number of Children: | Total Household Size: |

|  |  |
| --- | --- |
| Do you file a Federal Income Tax return?  | What is your adjusted gross income? |
| Do you have any other form of income? | If yes, please explain: |

|  |
| --- |
| Please describe below why receiving this scholarship for your child is important. |

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| --- |
| Please share below, any additional information regarding your family that you feel is important for the scholarship review committee to know. |

**Transportation Form 2021-2022**

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| **Family Information** |
| **Transportation for my child(ren) to and from school will be as follows:**(Please circle a “To and From School” option)

|  |  |  |  |
| --- | --- | --- | --- |
| **Student Name** | **Student Grade** | **To School** | **From School** |
|  |  | **Car Walk Bike** | **Car Walk Bike** |
|  |  | **Car Walk Bike** | **Car Walk Bike** |
|  |  | **Car Walk Bike** | **Car Walk Bike** |
|  |  | **Car Walk Bike** | **Car Walk Bike** |

 |
| **Dismissal Information** |
| **Our children have permission to go home with the following people including family, friends and fellow ICOM families:**

|  |  |  |
| --- | --- | --- |
| **Name(s)** | **Relationship to Student** | **Phone Number** |
|  |  | **( ) -** |
|  |  | **( ) -** |
|  |  | **( ) -** |
|  |  | **( ) -** |

 |
| **Authorization** |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Parent/Legal Guardian Signature Date** |

**Archdiocese of Saint Louis WITNESS STATEMENT 2021-2022**

For Those Seeking to Enroll Their Children in a Catholic School or a Parish School of Religion

One of the blessings of marriage is bringing forth new life. God entrusts children to parents who have a primary right and duty to educate their children in the practice of the faith. Parents carry out this responsibility by creating a home full of love, forgiveness, respect and fidelity. The family is the community in which, from childhood, one honors God and learns moral values.

In the rite of the Sacrament of Baptism, parents receive the following call from God to evangelize their children: *You have asked to have your child baptized. In doing so you are accepting the responsibility of training her (him) in the practice of the faith. It will be your duty to bring her (him) up to keep God’s commandments as Christ taught us, by loving God and our neighbor...You will be the first teachers of your child in the ways of the faith. May you be also the best of teachers, bearing witness to the faith by what you say or do, in Christ Jesus our Lord.* No wonder, then, that the Church understands the home to be the domestic church. It is in the intimate environment of the family that parents are, by word and example, the first heralds of the faith with respect to their children. This environment is enhanced and deepened through the parish Eucharistic community that is the heart of the spiritual life for Christian families. Catholic schools and parish religious education programs are in partnership with the family in proclaiming and witnessing to the life and teachings of Jesus Christ. They assist parents in fulfilling their responsibility as the primary religious educators of their children. This partnership works best when parents respect the beliefs of the Church and live lives in a manner that reflects these beliefs. If parents reject the beliefs of the Church or live lives in conflict with these teachings, catechizing young people becomes very difficult.

Aware, then, of the dignity of this holy parental call, and with a reverent awe for that responsibility which is mine, I commit myself to be, in word and example, the first and best teacher of my children in the faith. Practically, this means I will:

* Understand that the authentic teachings of Jesus as taught by the Catholic Church will be part of my child’s education and formation;
* To the best of my ability respect the teachings of the Church and help my children respect the Church and its teachings;
* Regularly participate in the Sunday Eucharist with my family (if not Catholic, support my children’s participation in the Church of Baptism), include prayer in my daily life and form my children in the faith.
* Commit to speak frequently with my children about God and to include prayer in our daily home life;
* Participate in and cooperate with the School or Parish School of Religion in programs that enable me as a parent to take an active role in the religious education of my children, including sacramental preparation for Catholic children;
* Support the moral and social doctrine of the Catholic Church to ensure consistency between home and school;
* Teach my children by word and example to have a love and concern for the needs of others;
* Meet my financial responsibilities in supporting the Catholic school or the Parish School of Religion.
* Practice stewardship in support of the school and parish.

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| Family Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Our family has read and reflected upon the Witness Statement, Family Handbook and Student & Parent Objective and agree to fulfill our responsibilities.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Parent/Guardian Signature Parent/Guardian Signature |

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| **ICOM Calendar 2021-2022**Tentative Key Dates |

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| **August**18: First Day of School Noon Dismissal-No Aftercare | **February**4: Noon Dismissal; Spirit Wear17: Noon Dismissal; Parent Teacher Conferences-No Aftercare18-21: President’s Day- NO SCHOOL |
| **September**3: Noon Dismissal; Spirit Wear6: Labor Day-NO SCHOOL | **March**2: Ash Wednesday-First Day of Lent4: Noon Dismissal; Spirit Wear16-20: Spring Break-NO SCHOOL |
| **October**1: Noon Dismissal; Spirit Wear27: Noon Dismissal, Fall Parent Teacher Conferences-No Aftercare28-Nov 1st: Fall Break-NO SCHOOL | **April**1: Noon Dismissal; Spirit Wear10: Palm Sunday14-18: Spring Break-NO SCHOOL17: Easter Sunday |
| **November**Oct 28-Nov 1st: Fall Break- NO SCHOOL5: Noon Dismissal; Spirit Wear24-28: Thanksgiving Break-NO SCHOOL28: Advent Begins | **May**6: Noon Dismissal; Spirit Wear25: Last Day of School w/ 0 Snow Days27: Last Day of SChool w/ 2 Snow Days |
| **December**3: Noon Dismissal; Spirit Wear22- Jan 3: Christmas Break-NO SCHOOL | 174 Days/ 176 w/ Snow Days |
| **January**7: Noon Dismissal; Spirit Wear17: MLK Day-NO SCHOOL | \*Please note that this calendar contains tentative key dates and does not represent all future events. Final ICOM Calendar will be available late spring. Events outside the school day impacted by COVID-19 restrictions may be subject to cancellation/rescheduling.**BAC**: No After Care on First day of School, Conference Days, Last Days of School or inclement weather days. |

**FACTS** Tuition Management

FACTS provides flexible payment plan options to families at private and faith-based schools. Families can budget their tuition, making private school more accessible and affordable. Our process is simple, convenient, and secure.

To set up your FACTS agreement go to: https://online.factsmgt.com/signin/430Q7

**FACTS CONFIRMATION NOTICE**

Once your information is received and processed by FACTS, you will receive a confirmation notice. This notice will confirm your payment plan information. Please check this information for accuracy, and contact your school or FACTS with any discrepancies.

**Frequently Asked Questions**

• **Is my information secure?**

Yes. Your personal information, including payment information, is protected with the highest security standards in the industry. For more information on security, visit FACTSmgt.com/Security-Compliance.

• **When will my payments be due?**

Your payment schedule is set by your school, and your financial institution will decide the time of day your payments are processed.

• **What happens when my payment falls on a weekend or a holiday?**

Your payment will be processed on the next business day.

• **What happens if a payment is returned?**

Returned payments may be subject to a FACTS returned payment fee. Watch for a returned payment notice for additional information.

• **How do I make changes once my agreement is on the FACTS system?**

Changes to your address, phone number, email address, or banking information can be made at Online.FACTSmgt.com or by contacting your school or FACTS. Any changes to payment dates or amounts need to be approved by the school and the school will then need to notify FACTS. ***All changes must be received by FACTS at least two business days prior to the automatic payment date in order to affect the upcoming payment.***

• **What is the cost to set up a payment plan?**

If an enrollment fee is due, the amount of the fee is indicated when setting up your agreement. If applicable, the nonrefundable FACTS enrollment fee will be automatically processed within 14 days of the agreement being posted to the FACTS system.

**FACTS Customer Service**

We are committed to doing all we can to provide you with the highest quality customer service in the industry. Whether you want to view your account online or speak with one of our highly trained customer service representatives, FACTS is dedicated to serving you. **To view your payment plan details, log in to your FACTS account at Online.FACTSmgt.com. Customer Care Representatives are also available to assist you 24/7.**

Online.FACTSmgt.com

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| **Preschool 3 year old Curriculum**  |

**Religion**

I. Participates in building God’s community of love

a. Students will make the sign of the cross

b. Students will show reverence during prayer

c. Students will participate in prayers

d. Students will attend Mass

**Literacy**

I. Listening/Receptive Language

a. Students will listen for different purposes

i. Following classroom routines and/or simple rules

ii. Following one step directions iii. Listening to another speaker without interrupting

II. Reading

a. Applies early reading skills

i. Students will exhibit book-handling skills

1. Holds a book upright and turns pages in the book, front to back

2. Knows a book is for “reading”

b. Uses concepts of print

i. Students will identify alphabet letters

1. Naming uppercase letters

2. Naming lowercase letters

III. Writing

a. Uses writing as a means of expression/communication

i. Students will facilitate writing

1. Drawing lines, circles, and other shapes

2. Tracing lines, circles, and other shapes

ii. Students will experiment with a variety of writing tools and materials

**Math**

I. Number and Operations

a. Uses number to show quantity

i. Students will develop an increasing ability to rote count in sequence

1. Count numbers in sequence to 10

b. Solves problems using number

i. Students will use one-to-one correspondence when counting objects

1. Counts with 1:1 correspondence to 10

c. Uses Numerical Representation

i. Students will identify Numerals

1. Identifying numbers 1-10

II. Geometry and Spatial Sense

a. Explores shapes in the environment

i. Students will identify and names some shapes

1. Names simple shapes (circle, triangle, square, rectangle, star, heart, oval, diamond)

III. Patterns and Relationships

a. Recognizes relationships in the environment

i. Students will match, sort and regroup objects according to one characteristic

1. Sorting and matching shapes (circle, triangle, square, rectangle, star, heart, oval, diamond)

2. Sorting by one attribute

ii. Students will name and recognize colors (red, orange, yellow, green, blue, purple, brown, black, white, pink, and gray)

**Physical Development and Healthy Living Practices**

I. Physical Development

a. Uses gross motor skills with purpose and coordination

i. Students will move from one point to another

1. Hops on one foot

2. Runs

3. Climbs and descends stairs

ii. Students will use large muscle movements to manipulate objects

1. Rolls a ball forward

2. Kicks a ball forward, backward, and at a target

3. Catches a ball with or without trapping

4. Throws a ball overhand/underhand

b. Uses fine motor skills with purpose and control

i. Students will use fingers and hands to accomplish fine motor tasks

1. String small and large beads

2. Participate in simple lacing activities

3. Creates a construction with more than 4 blocks

ii. Students will use tools in a functional manner

1. Snips with scissors

2. Cuts paper on or near a straight line and a curved line

II. Healthy Living Practices

a. Practices healthy behaviors

i. Students will show some independence in personal hygiene

1. Manages toileting

2. Washes and dries hands

3. Covers nose and mouth when sneezing

4. Uses a tissue

ii. Students will take care of personal belongings

iii. Students will put on and remove jacket

iv. Students will choose to participate in daily physical activity

1. Engages in play activities with peers

**Social and Emotional Development**

I. Knowledge of Self

a. Exhibits self-awareness

i. Students will know personal information

1. Recognizes first and last name in print

2. Able to state first and last name

ii. Students will name some body parts

1. Ears, eyes, nose, mouth, arms, legs, head, stomach, shoulders, knees

b. Develops Self-Control

i. Students will cooperate with adult requests

ii. Students will express; happy, sad, mad

II. Knowledge of Others

a. Builds relationships of mutual trust and respect with others

i. Students will share toys, belongings and resources

b. Participates successfully as a member of a group

i. Students will take turns

ii. Students will participate and stay with the group during circle time, small group activities, and large group activities

c. Students will attempt to solve conflicts

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| **Pre-Kindergarten 4 year old Curriculum**  |

**Religion**

I. Participates in building God’s community of love

a. Students will make the sign of the cross

b. Students will show reverence during prayer

c. Students will participate in prayers

d. Students will say Angel of God prayer and Meal Prayer

e. Students will attend Mass

**Literacy**

I. Listening/Receptive Language

a. Students will listen for different purposes

i. Following classroom routines and/or simple rules

ii. Following one step directions

iii. Following two-step directions

iv. Following three-step directions

v. Listening to another speaker without interrupting

II. Reading

a. Applies early reading skills

i. Students will exhibit book-handling skills

1. Holds a book upright and turns pages in the book, front to back 2. Begins to scan pages from top to bottom and left to right

3. Knows a book is for “reading”

b. Uses concepts of print

i. Students will identify alphabet letters

1. Naming uppercase letters

2. Naming lowercase letters

c. Attends to sounds in language. (Phonological Awareness)

i. Students will distinguish word/letter sounds

1. Letter Sounds

2. Rhyming words

3. Beginning sounds of words

4. Ending sounds of words

III. Writing

a. Uses writing as a means of expression/communication

i. Students will facilitate writing

1. Drawing lines, circles, and other shapes

2. Tracing lines, circles, and other shapes

ii. Students will experiment with a variety of writing tools and materials

iii. Students will print first and last name

**Math**

I. Number and Operations

a. Uses number to show quantity

i. Students will develop an increasing ability to rote count in sequence

1. Count numbers in sequence to 30

b. Solves problems using number

i. Students will use one-to-one correspondence when counting objects

ii. Counts with 1:1 correspondence to 30

c. Uses Numerical Representation

i. Students will write Numerals

1. Writing numbers 1-10

ii. Students will identify Numerals

1. Identifying numbers 1-30

II. Geometry and Spatial Sense

a. Investigates positions and locations

i. Students will use words to indicate position and location

1. Demonstrates understanding of locational words (in, on, above, below, next to, across, behind)

b. Explores shapes in the environment

i. Students will identify and names some shapes

1. Names simple shapes (circle, triangle, square, rectangle, star, heart, oval, diamond)

III. Patterns and Relationships

a. Recognizes relationships in the environment

i. Students will match, sort and regroup objects according to one or more characteristics

1. Sorting and matching shapes (circle, triangle, square, rectangle, star, heart, oval, diamond)

2. Sorting by one attribute

3. Sorting by two attributes

ii. Students will name and recognize colors (red, orange, yellow, green, blue, purple, brown, black, white, pink, and gray)

b. Uses patterns in an environment

i. Students will recognize patterns

ii. Students will duplicate and extend patterns

iii. Students will create patterns

**Physical Development and Healthy Living Practices**

I. Physical Development

a. Uses gross motor skills with purpose and coordination

i. Students will move from one point to another

1. Hops on one foot

2. Runs, Gallops, Skips

3. Climbs and descends stairs

ii. Students will use large muscle movements to manipulate objects

1. Rolls a ball forward

2. Kicks a ball forward, backward, and at a target

3. Catches a ball with or without trapping

4. Throws a ball overhand/underhand

b. Uses fine motor skills with purpose and control

i. Students will use fingers and hands to accomplish fine motor tasks

1. String small and large beads

2. Participate in lacing activities

3. Snaps, Buttons, and Zips

4. Creates a construction with more than 10 blocks

5. Uses appropriate pencil grip

ii. Students will use tools in a functional manner

1. Holds and manipulates scissors correctly

2. Snips with scissors

3. Cuts paper on or near a straight line and a curved line

4. Cuts simple shapes from paper

II. Healthy Living Practices

a. Practices healthy behaviors

i. Students will show independence in personal hygiene

1. Manages toileting

2. Washes and dries hands

3. Covers nose and mouth when sneezing

4. Uses a tissue

ii. Students will take care of personal belongings

iii. Students will put on and remove jacket

iv. Students will choose to participate in daily physical activity

1. Engages in play activities with peers

**Social and Emotional Development**

I. Knowledge of Self

a. Exhibits self-awareness

i. Students will know personal information

1. Recognizes first and last name in prin.

2. Able to state first and last name

3. Able to state birthday

ii. Students will name some body parts

1. Ears, eyes, nose, mouth, arms, legs, head, stomach, shoulders, knees

b. Develops Self-Control

i. Students will cooperate with adult requests

ii. Students will express; happy, sad, mad, afraid, surprised, proud, empathy, self confidence

II. Knowledge of Others

a. Builds relationships of mutual trust and respect with others

i. Students will share toys, belongings and resources

ii. Students will use courteous words and actions

b. Participates successfully as a member of a group

i. Students will take turns

ii. Students will participate and stay with the group during circle time, small group activities, and large group activities

iii. Students will attempt to solve conflicts

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| **Mission Statement** |

Immaculate Conception School strives to follow in the footsteps of Jesus by providing a spiritual, moral, and academic education for our students. Through a shared partnership with parents, staff, and the community, we guide children to be responsible, virtuous Catholics who love others in God’s name.

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| **Philosophy Statement** |

Immaculate Conception School believes that we hold the responsibility of passing on to students the teachings of Christ as contained in the gospels and Church tradition. We acknowledge that parents are the primary educators and caregivers of their children and that we are called by parents to assist in this task of educating and caring for children. Therefore, we dedicate ourselves to the development of the total person, challenging each student to grow in his/her faith, and to develop his/her greatest potential - spiritually, academically, socially, physically and emotionally. We expect all to respect and appreciate the unique dignity of each person who is endowed with his/her particular abilities and limitations.

**We hold every member of our school community accountable:**

• To proclaiming and living the message of Jesus Christ and developing a relationship with Him through prayer, Mass and other Catholic worship.

• To provide opportunities which challenge each student to respond to Jesus’ call to love God and serve the neighbor - community and world.

• To help every student come to appreciate and respect the unique dignity of each person, understood in terms of justice, truth and freedom.

• To guide each student in developing a well-formed conscience and the ability to make sound judgments.

• To create with the cooperation of each and every student a climate conducive to teaching and learning.

• To direct each student in acquiring a spirit of freedom which recognizes self- discipline and personal responsibility.

• To encourage each student to reason independently, use problem solving techniques and effective communication skills.

• To teach through different learning styles and on each student’s level, knowledge and basic skills that will prepare the student for further formal and informal study.

• To nurture in each student: a desire to develop his/her greatest potential, a basic knowledge of social skills and a responsibility in preserving our world’s resources for future generations.

• To assist parents in their primary role as educator of their children.

• To build a Christ-Centered community by caring for each member from the youngest to the oldest.

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| **Admissions Policy** |

It is the policy of Immaculate Conception School to provide a quality Catholic education for children from Preschool through Grade Eight regardless of race, sex, national or ethnic origin.

The Immaculate Conception Board of Education has approved the following priority list for admissions to the school:

* Immaculate Conception parishioners with children currency enrolled in grades K-8 at Immaculate Conception School.
* Immaculate Conception parishioners with no children currency enrolled in grades K-8 at Immaculate Conception School. In the event there are more Parish families that apply for a particular grade level than space available, a committee of Board of Education members, the pastor and principal will be formed to review the applications. This committee will determine the acceptance based on the length of registration in the Parish, the history of Parish support (active participation in Parish life, including financial support), and the date the application is submitted.
* Catholic families living outside the parish with children currently enrolled in grades K-8 at Immaculate Conception School.
* Catholic families living outside the parish with no children currently enrolled in grades K-8 at Immaculate Conception School.
* Families not of the Catholic faith.
* Once an out-of-parish or non-Catholic student has been accepted in grades K-8, he/she will be guaranteed a space as long as he/she is continuously enrolled in our school.
* Classroom size for Kindergarten through Grade Eight is limited to 25 students per homeroom. If a class is full, families may complete a registration packet and be placed on a waiting list.
* If space is not available for all the children in a family, the children who cannot be accepted will be placed on a waiting list.
* Preschool enrollment does not automatically hold a place in preschool or kindergarten. Parishioners who practice their faith and who keep their stewardship commitment have equal opportunity.

Cafeteria Health Form 2021-2022

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| Name of Student: | School District: |
| Birth Date:  | School Attending: |
| Parent(s) Name(s): | Primary #: |
| e-mail: | Alternate #: |

**For Physician’s Use:**

Identify and describe disability, or medical condition, including allergies that requires the student to have a special diet. Describe the major life activities affected by the student’s disability:

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**(utilize the back of this form if necessary)**

**Diet Prescription (check all that apply):**

* Diabetic (include calorie level or attach meal plan)
* Modified Texture and/or Liquids (describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Reduced Calorie (describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Increased Calorie (describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Food Allergy (describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Other (describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Food Omitted and Substitutions:**

Use space to list specific food(s) to be omitted and food(s) that may be substituted. You may attach an additional sheet if necessary.

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| **Omitted Foods** | **Substitutions** |
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| **Indicate Texture**: ๐ Regular ๐Chopped ๐Ground ๐Pureed ๐Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Indicate Thickness of Liquids:** ๐Regular ๐Nectar ๐Honey ๐Pudding ๐Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Special Feeding Equipment:**  |

Additional comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I certify that the above named student needs special school meals as described above, due to the student’s disability or chronic medical condition.

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**Physician’s Signature**  Date Telephone #

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Preparer or Other Contact (Not Parent) Date Telephone #

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| *I hereby give my permission for the school staff to follow the above stated nutrition plan.**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Parent/Guardian Signature Date*** |

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| Before and Aftercare Program 2021-2022 |

**Before Care**: 6:30 a.m. through start of school

**After Care**: Dismissal through 6:00 p.m.

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| Program Fees |

**Enrollment Fee for After School**: Annual non-refundable registration/supply fee is $25.00/one child, $35.00/two or more children. The BAC program accepts Immaculate Conception Old Monroe school students enrolled in Preschool through 8th grade. If a student will only be using the After Care program from time to time, please contact the office directly.

**Payment**: Payments will be due the first school day of each month for services in the prior month. If payments are not made by the 3rd school day of the month a $10.00 late fee will be added to the balance.

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| **Enrollment Fee** | **1 Child****$25.00** | **2+ Children****$35.00** |

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| **Before Care**: 6:30 a.m. through start of school | $2.00/Child *(not per hour)* |

|  |  |  |
| --- | --- | --- |
| **After Care:** Dismissal through 6:00 p.m | $5.00/Hour1 Child | $7.50/Hour2 or more children |

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| **Late Fees**: | $2.50/Child for every 5 minutes late |

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| **Before Care (6:30 a.m. through start of school)** |
| * The morning program begins the first day of school and ends the last full day of school.
* Students should be dropped off at the west entrance of the school. Please, do not leave until your child is in the building.
 |
| **After Care (Dismissal through 6:00 p.m.)** |
| * Students who attend After Care must report immediately to the cafeteria for check-in. They are not allowed to go outside or to any other room prior to sign-in.
* Upon arrival, students are asked to line up and check-in. Students may play quietly at their assigned table until check-in is finished.
* After check-in, activities include snack, playtime (outside weather permitting), crafts and study time.
* Parents are required to come into the cafeteria and sign-out their child. Parents must initial the sign-out form.
* Noon Dismissal Days: After Care coverage will be dependent upon staff availability.
* First Day of School, Conference Days, and the Last Day of School- NO AFTER CARE.
* If school lets out early due to inclement weather there will be no After Care. This is for the safety of students, parents and staff alike.

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| 3:00 pm | Check-In |
| 3:00-3:15 pm | Snack, Water and Restroom Break |
| 3:15-3:45 pm | Homework, Independent Study, Technology Room and/or Quiet Time |
| 3:45-4:30 pm | Play time, BAC Recess, Gym time |
| 4:30-6:00 pm | Free Choice Play Time |

 |
| **Behavior Expectations** |
| * Students are expected to follow school rules. The goal of our behavior expectations is to be sure that we have a safe and orderly environment for all students. Rules are intended to promote Christian principles of conduct, fairness and safety.
* Students who do not follow the rules and policies may be suspended from the program.
* If you have questions about the rules, please refer to the student handbook.
* Cell phones are not allowed. A phone is available for emergency use.
* The order of the Before/After Care discipline policy is:
	1. The student is reminded to control behavior, and his/her parent is notified.
	2. If the behavior continues, there will be a week suspension from the program.
	3. Further behavioral problems will result in permanent suspension.
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|  **BAC Registration** |
| I hereby give permission for my child(ren) listed below to participate in the ICOM BAC program. I also acknowledge that the BAC program is an extension of the school day and all pertinent medical instructions, emergency contacts and list of people authorized to pick up my child(ren) applies to the BAC program as well. |
| Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_ |

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| **Please indicate when your child will use the BAC program below...** |

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| --- | --- | --- | --- | --- | --- | --- |
| **Before Care**6:30 a.m. until start of school | \_\_\_\_\_ M | \_\_\_\_\_ T | \_\_\_\_\_ W | \_\_\_\_\_ R | \_\_\_\_\_ F | \_\_\_\_\_ will vary |
| **After Care**Dismissal through 6:00 p.m | \_\_\_\_\_ M | \_\_\_\_\_ T | \_\_\_\_\_ W | \_\_\_\_\_ R | \_\_\_\_\_ F | \_\_\_\_\_ will vary |
| **Both Before & After Care** | \_\_\_\_\_ M | \_\_\_\_\_ T | \_\_\_\_\_ W | \_\_\_\_\_ R | \_\_\_\_\_ F | \_\_\_\_\_ will vary |

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| **BAC Enrollment Signature** |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_Parent/Guardian’s Signature Date |