



Immaculate Conception School

Preschool Registration Form

366 E. North Broadway
Columbus, OH 43214
614.267.6579

PLEASE COMPLETE IN BLUE OR BLACK INK

Student Information			
Full First Name:	Middle Name:	Last Name:	
Goes by:	D.O.B.:	Gender:	
Address:		City:	Zip:
Phone:	Birth City, State:		SSN#:
Religion:	Parish:		Grade Entering:
Race (you are not required to answer this):			
American Indian/Native Alaskan Asian Black		Hispanic Multiracial Native Hawaiian/Pacific Islander White	

Program Selection			
	Select One	Lunch Bunch	Extended Care
Tues./Thurs. "3s"	<input type="checkbox"/>	<i>Not Available</i>	<i>Not Available</i>
Mon./Wed./Fri. "4s and 5s"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mon. through Fri. (5-Day)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Parent Information	
Father's Name:	Mother's Name:
Address:	Address:
City, State Zip:	City, State Zip:
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Cell Phone:	Cell Phone:
Religion:	Religion:
Parish:	Parish:
Birth City, State:	Birth City, State:
Occupation:	Occupation:
Place of Employment:	Place of Employment:

Immaculate Conception School uses email as its primary form of communication. We require that each family submit **at least** one email address. We can accept as many as TWO per parent.

Father #1

Father #2

Mother #1

Mother #2

Home Status

Parents are (CHECK ALL THAT APPLY):

Married

Separated

Divorced

Single

Mother Deceased

Father Deceased

Other _____

Custodial Parent (if divorced or separated) _____

(Immaculate Conception is required to have on file a copy of the custodial orders)

If separated or divorced, do you wish school mailings to be sent to both parents? (Circle one) Yes/ No

For Office Use Only (Please do not mark in this box)

Registration Fee

Custody Orders (if applicable)

Birth Certificate

Other _____

Date Received _____