

# IMMACULATE CONCEPTION SCHOOL

218 East Merrimack Street  
Lowell, MA 01852

## KINDERGARTEN REGISTRATION 2010-2011

Please Print Clearly.....

Today's Date \_\_\_\_\_

**FAMILY NAME** \_\_\_\_\_ Tel # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-Mail Address \_\_\_\_\_

**STUDENT NAME** \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Date of Baptism \_\_\_\_\_ Church \_\_\_\_\_ City/State \_\_\_\_\_

Attended Pre K at \_\_\_\_\_

**MOTHER** \_\_\_\_\_ Maiden Name \_\_\_\_\_

Address / Phone if different \_\_\_\_\_

Date & Place of Birth \_\_\_\_\_

Place of Employment \_\_\_\_\_ Tel # \_\_\_\_\_

**FATHER** \_\_\_\_\_

Address / Phone if different \_\_\_\_\_

Date & Place of Birth \_\_\_\_\_

Place of Employment \_\_\_\_\_ Tel # \_\_\_\_\_

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**For Office Use Only:**

Registration Fee Received \_\_\_\_\_

Deposit Received \_\_\_\_\_

Birth Certificate Received \_\_\_\_\_

Baptismal Certificate Received \_\_\_\_\_

Immunization Record Received \_\_\_\_\_

Physician's Medical Report Received \_\_\_\_\_

Pre K Report Card Received \_\_\_\_\_

Pre K Teacher Info Form Received \_\_\_\_\_