

IMMACULATE CONCEPTION SCHOOL

218 East Merrimack Street
Lowell, MA 01852

KINDERGARTEN REGISTRATION 2012-2013

Please Print Clearly.....

Today's Date _____

FAMILY NAME _____ Tel # _____

Address _____

City _____ State _____ Zip _____

E-Mail Address _____

STUDENT NAME _____ Ethnicity _____ Age as of 9/1/12 _____

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 _____

Cell # _____

Place of Employment _____ Tel # _____

FATHER _____

Address / Phone if different _____

Date & Place of Birth _____

Cell # _____

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 _____