Immaculate Conception School
and Preschool

Preschool Enrollment Application
2009-2010 School Year

Immaculate Conception School
200 West Wayne Street
Celina, Ohio 45822

419-586-2379
www.icschool-celina.org

Child's Information

Child's Name _____
First Middle Last

Address_____
Street City State Zip

Date of Birth _____ Gender: M F

Class the child will be entering: ☐ Preschool1 (3 years old by August 1) ☐ Preschool2 (4 years old by August 1)

Religious affiliation _____

Mother/Guardian's Information

_____
First Name Last Name

☐ Birth Mother ☐ Stepmother ☐ Guardian ☐ Adoptive Mother

Marital Status: _____

_____
Street Address (if different from child's) City/State/Zip

_____ _____
Home Phone Cell Phone

_____
Occupation Employer

_____
Religious Affiliation

Member of Immaculate Conception Parish? ☐ Yes ☐ No

Father/Guardian's Information

_____
First Name Last Name

☐ Birth Father ☐ Stepfather ☐ Guardian ☐ Adoptive Father

Marital Status: _____

_____
Street Address (if different from child's) City/State/Zip

_____ _____
Home Phone Cell Phone

_____
Occupation Employer

_____
Religious Affiliation

Member of Immaculate Conception Parish? ☐ Yes ☐ No

Student lives with:

☐ Mother & Father ☐ Mother only
☐ Mother &Stepfather ☐ Father only
☐ Father & Stepmother ☐ Other: _____

☐ Joint or shared custody (explain)_____

Is there a court custody order pertaining to the child? ☐ Yes ☐ No (A copy of custody order will be required when classes begin.)

Is the child adopted? ☐ Yes ☐ No If yes, is the child aware he/she is adopted? ☐ Yes ☐ No

This application is the first step in enrolling a child at Immaculate Conception. To officially enroll, parents will also be asked to submit a Registration/Tuition form.

Please complete reverse side as well.