

Immaculate Conception School

21-63 29th Street

Astoria, New York 11105

718 728-1969

www.icsastoria.org

"Just The Two Of Us"

(Fact Sheet & Registration Form)

We will offer a choice of:

Tuesdays and/or Thursdays - 9:00am to 10:30am

Fee for 10 sessions: (October 2011 through December 2012): \$100.00

Fee for 20 sessions (January 2012 through June 2012): \$200.00

Fall 2011 Dates:

Tuesdays: 10/4, 10/11, 10/18, 10/25, 11/1, 11/8, 11/15, 11/29, 12/6, 12/13

Thursdays: 10/6, 10/13, 10/20, 10/27, 11/3, 11/10, 11/17, 12/1, 12/15, 12/22

Winter/Spring 2012 Dates:

Tuesdays: 1/3, 1/10, 1/17, 1/24, 1/31, 2/7, 2/14, 2/28, 3/6, 3/13, 3/20, 3/27,
4/17, 4/24, 5/1, 5/8, 5/15, 5/22, 5/29, 6/5

Thursdays: 1/5, 1/12, 1/19, 1/26, 2/2, 2/9, 2/16, 3/1, 3/8, 3/15, 3/22, 3/29,
4/19, 4/26, 5/3, 5/10, 5/17, 5/24, 5/31, 6/7

Registration will take place:

Beginning September 19th through October 3rd - each morning from 9:00am to 11:00am (no appointment necessary)

Registration Requirements:

- Your Child must be present during registration and you must bring the following:
- A completed registration form with the required parental signatures
- A ONE time Registration Fee of \$25.00 per child -- Non-refundable
- Your child's Birth Certificate - child must be 18 months old by 12/31/11
- Your child's Baptismal Certificate
- Written proof of your child's vaccinations (child's immunization booklet)

IMMACULATE CONCEPTION "JUST THE 2 OF US" REGISTRATION FORM

Registration Fee -- \$25.00 per child - NON-REFUNDABLE

Fall 2011

Spring 2012

Tuesday _____
Thursday _____

Boy _____ Girl _____

Child's Last Name _____ First _____ Middle _____

Address: _____ City _____

State _____ Zip Code _____ Phone # _____ Date of Birth: _____

Place of Birth: _____

Adult Attending with Child _____ Relationship _____

____ Check here if parents are separated or divorced. If divorced or separated, with whom does the child live? _____

Mother: _____ Living _____ Deceased

Mother Employed By:

Full Name: _____

Company Name _____

Address: _____

Address: _____

Religion: _____

Phone () _____

Place of Birth: _____

Father: _____ Living _____ Deceased

Father Employed By:

Full Name: _____

Company Name _____

Address: _____

Address: _____

Religion: _____

Phone () _____

Place of Birth: _____

If Legal Guardian is someone other than parent:

Name of Legal Guardian _____ Relationship _____

Language Spoken at home

Language of Child: _____ other than English _____

Sacraments Received by Child Already (Please provide written proof - unless Baptized at Immaculate Conception.)

CHURCH

LOCATION

DATE

Baptism _____

Mother's Signature _____ Date _____

Father's Signature _____ Date _____

(Application must be signed by both parents unless parents are separated or divorced and only one parent has responsibility for child--Or application should be signed by legal guardian if child does not live with parents.)