ICC PRESCHOOL PROGRAM

ICC PRESCHOOL PROGRAM FEES & ENROLLMENT FORM

Ages: 3-5 years

ICC Preschool is a culturally stimulating space that facilitates social, emotional, physical and cognitive development. Our focus is project-based learning, and we foster peer interactions that are designed to teach empathy, problem solving skills and conflict resolution. Curriculum and events are designed to facilitate intergenerational relationships, teach communication skills, collaboration and respect others and oneself.
Integration of culture and arts builds self-esteem and confidence. Exploration of science-based activities encourages curiosity and reasoning. Our focus on strong academic foundations creates kindergarten readiness combined with a love for lifelong learning.

Program	Days	Time	Monthly Fees
Half Day Program	M-F	9 am - 3 pm	$1440
Full Day Program	M-F	9 am - 5 pm	$1840
Full Day Extended Care	M-F	8 am - 6 pm	$1940
Extra Monthly Diapering Charges	M-F		$200
Extra Monthly Lunch Charges	M-F		$125
One time Registration Fee (Non-refundable)	M-F		$200

TERMS & CONDITIONS:

- Fees are payable one calendar month in advance and are NON-REFUNDABLE
- For any reason a parent wants to cancel their child's enrollment, one full calendar month notice is required. In the absence of such calendar months' notice, parents will be responsible for paying a full month's fee in lieu of notice.
- Monthly fees are not apportionable for any vacation or sick days off.
- Monthly fees for any services such as lunch or diapering will not be prorated.

Email: ICCPreschool@indiacc.org

www.indiacc.org/preschool-program

INFORMATION:

Child's Full Name: _____

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Current Age: _____ Birth Date: _____ /_____ /_____Sex (Circle): M / F
MM DD YY

Primary Language spoken at Home: _____

Program interested in: Morning _____ Half Day _____ Full Day _____ Extended Full Day _____

Is your child potty trained: YES _____ NO _____

Address _____ _____ _____ _____
Street address Apt # City, State Zip code

Father's Full Name:

_____

E-mail Address:

_____

Work: ( ) _____ Cell: ( ) _____ Home Phone:( ) _____

Occupation: _____ Company Name: _____

Mother's Full Name: _____

E-mail Address: _____

Work: ( ) _____ Cell: ( ) _____ Home Phone: ( ) _____

Occupation: _____ Company Name: _____

Are both parents residing at the same address as the Child's? Yes _____No _____

If not, please provide the other address:

Address _____ _____ _____ _____
Street address Apt# City and State Zip code

Emergency Contact Full Name: _____

E-mail Address: _____

Phone: Home ( ) _____ Work: ( ) _____ Cell: ( ) _____

How did you hear about the ICC Preschool Program? Check one: Friend ____ Family ____ Neighbor _____ Internet _____

Flyer____ Radio _____ Instagram _____ Facebook ____ Next Door ____ Community Event _____ Other _____

Parent's Signature: _____ **Date:** _____

Director/Site Supervisor: _____ **Date:** _____