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.

<table>
<thead>
<tr>
<th>Program</th>
<th>Days</th>
<th>Time</th>
<th>Monthly Fees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Morning Program</td>
<td>M-F</td>
<td>9 am - 1 pm</td>
<td>$870</td>
</tr>
<tr>
<td>Half Day Program</td>
<td>M-F</td>
<td>9 am - 3 pm</td>
<td>$1070</td>
</tr>
<tr>
<td>Full Day Program</td>
<td>M-F</td>
<td>9 am - 5 pm</td>
<td>$1400</td>
</tr>
<tr>
<td>Full Day Extended Care</td>
<td>M-F</td>
<td>8:30 am - 5:30 pm</td>
<td>$1500</td>
</tr>
<tr>
<td>Extra Monthly Lunch Charges</td>
<td></td>
<td></td>
<td>$100</td>
</tr>
<tr>
<td>One time Registration Fee</td>
<td></td>
<td></td>
<td>$150 (Non-refundable)</td>
</tr>
</tbody>
</table>

**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's 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.

**ICC TODDLER PROGRAM**

Contact: Assistant Director / School Site Supervisor  
Email: kilma@indiacc.org  |  jasmin@indiacc.org  
Call: (408) 934 -1130 x 225  | www.indiacc.org/toddler-program

525 Los Coches Street Milpitas, CA 95035 • www.Indiacc.org

ICC is a community supported 501(c) (3) non-profit organization, which aims to unite, serve and celebrate the local and Indian community. Our Tax ID Number is 52-2351119.
INFORMATION:

Child’s Full Name: ____________________________________________________________

Current Age: ________ Birth Date: _____ / _____ / ________ Sex (Circle): M / F
Mo   Day   Year

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 State Zip code

Emergency Contact Full Name: ________________________________________________

(WE WILL CONTACT THIS NUMBER FIRST AFTER CALLING 911 IN CASE OF AN EMERGENCY)

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 ____

Signature: _____________________________ _____________________________

Date: _____________________________ _____________________________

PARENT/S ASSISTANT DIRECTOR

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