



ICC PRESCHOOL PROGRAM

ICC PRESCHOOL PROGRAM, FEES, & ENROLLMENT FORM 2022-2023 **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
Morning Program	M-F	9 am - 1 pm	\$870
Half Day Program	M-F	9 am - 3 pm	\$1070
Full Day Program	M-F	9 am - 5 pm	\$1400
Full Day Extended Care	M-F	8:30 am - 5:30 pm	\$1500
Extra Monthly Lunch Charges			\$100
One time Registration Fee (Non-refundable)			\$150

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.



ICC
PRESCHOOL
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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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