



ICC PRESCHOOL PROGRAM FEES & ENROLLMENT FORM
JANUARY -DECEMBER 2024

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	\$1195
Full Day Program	M-F	9 am - 5 pm	\$1610
Full Day Extended Care	M-F	8 am - 6 pm	\$1725
Extra Monthly Diapering Charges	M-F		\$200
Extra Monthly Lunch Charges	M-F		\$100
One time Registration Fee (Non-refundable)	M-F		\$175

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.

ICC PRESCHOOL 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
PROGRAM

INFORMATION:

Child's Full Name: _____

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 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 ____

Signature: _____

Date: _____

PARENT/S

ASSISTANT DIRECTOR

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