



Immaculate Conception School embraces the mission of Jesus Christ to form faith, service and leadership in our Church, our School, and our Community.

## 2026-2027 Preschool Registration Form

Student Name: \_\_\_\_\_

Circle Applicable Age Below:

3 years old (as of January)

4 years old

5 years old

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### New Student Enrollment Information:

- BIRTH CERTIFICATE (copy)
- SOCIAL SECURITY CARD (copy)
- IMMUNIZATION RECORD (copy) *\*Children must be up-to-date/compliant on Immunizations.*
- BAPTISMAL CERTIFICATE (copy) *(if applicable/Baptized at a Catholic Church other than Immaculate Conception/Sacred Heart)*
- Completed ENROLLMENT PACKET

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### 2026-2027 Fee Schedule

- **REGISTRATION FEE:** \$100 is due on or before June 15, 2026
- **HOT LUNCH:** \$60/monthly (August to May— 10 months)

ICS participates in the Free & Reduced Lunch program, forms will be provided at the start of the school year.

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### 2026-2027 Tuition for Preschool Students:

(August to May — 10 Months)

**Please Note: To secure a spot, a \$500 (non refundable) deposit must be made. The deposit will be used towards the first month tuition.**

**All families both Catholic and Non-Catholic must pay tuition for the Preschool Program.**

Monthly tuition for a preschool age student is \$500/month. Tuition is due by the 15th of each month.

Payment Options:  
Monthly — \$500.00

\*ACH Direct Deposit Forms are included and encouraged for timely payments for Tuition and Hot Lunch Payments. They must be updated each year.

Yearly (10 months) — \$5000.00

# Immaculate Conception Registration Form

## Student Information

Student Name: \_\_\_\_\_ Birthdate: \_\_/\_\_/\_\_ Sex: M\_\_ F\_\_  
Race: \_\_\_American Indian \_\_\_Asian \_\_\_Black/African-American \_\_\_Hawaiian/Pacific Islander \_\_\_Two or More Races \_\_\_White  
Ethnicity: \_\_\_Hispanic/Latino \_\_\_Non-Hispanic/Latino \_\_\_Non-Hispanic Is the student Limited English Proficient: Y or N  
Address/City/State \_\_\_\_\_  
Full name of Mother: \_\_\_\_\_ Email \_\_\_\_\_  
Mother's Address:  Same — Different: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ ext. \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Place of work: \_\_\_\_\_ Hours: \_\_\_\_\_  
Full name of Father: \_\_\_\_\_ Email: \_\_\_\_\_  
Father's Address:  Same — Different: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ ext. \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Place of work: \_\_\_\_\_ Hours: \_\_\_\_\_  
What public elementary school are you zoned for: \_\_\_\_\_  
What church do you attend: \_\_\_\_\_

## Emergency Contacts

Minimum 2 contacts, other than parents, to contact in case of emergency/authorized to pick up child:

1. Name: \_\_\_\_\_ 2. Name: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Cell or Work Phone: \_\_\_\_\_ Cell or Work Phone: \_\_\_\_\_

## Authorization for Student Pickup

Please list only, the other persons who have permission to pick up your child/children from Immaculate Conception School other than parents or legal guardians. Changes to this form, must be made by a parent/guardian informing the principal as soon as possible **before** any pick up changes are to take place.

Name	Relationship to Student	Cell Phone Number
		( ) _____ - _____
		( ) _____ - _____
		( ) _____ - _____

List any people that are **NOT** allowed to pick up your student at school:

Name	Relationship to Student	Cell Phone Number
		( ) _____ - _____
		( ) _____ - _____

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Medication Administration Care Plan

(only fill out if your child is on a medication plan)

The Parent/Guardian of \_\_\_\_\_ ask that school staff give the  
(Child's Name)

following medication \_\_\_\_\_ to their child in accordance with  
(Prescription or OTC medication)

the following care plan:

- Medication must be packaged in an original container labeled with the child's name, the time the medication is to be given, the dosage, and the date that the medication is to be stopped. If the medication is a prescription, the Pharmacy name and phone number, must be included in the label, as well as the prescribing doctor.
- Parent/guardian agrees to pick up any expired or unused medication at the end of the usage or, if recurring, at the end of the school year.
- Care plan must be renewed each year for maintenance medications and for recurring administration of medications.

Child's Name \_\_\_\_\_

Medication \_\_\_\_\_

Prescription: Y ( ) N ( ) Dosage \_\_\_\_\_ Route \_\_\_\_\_

To be given at the following time(s) \_\_\_\_\_

Purpose of Medication \_\_\_\_\_

Side effects that need to be reported \_\_\_\_\_

Special instructions \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Staff in charge of administering \_\_\_\_\_ Second/back up staff \_\_\_\_\_

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal Signature

\_\_\_\_\_  
Date

# Health Information and History

Does your child have Health Insurance? Private \_\_\_ Dental \_\_\_ Vision \_\_\_ Medicaid/MC \_\_\_ Uninsured \_\_\_  
 Hospital Preference? \_\_\_\_\_

Primary Physician: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_-\_\_\_\_\_

Dentist: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_-\_\_\_\_\_

Does child wear glasses? Yes ( ) No ( ) Contacts? Yes ( ) No ( ) Hearing Aid/Device Yes ( ) No ( )  
 Has the child listed above been screened for special services (i.e. speech)? Yes ( ) No ( )

Any other special services the child receives:

LD \_\_\_ OT \_\_\_ PT \_\_\_ Counselor \_\_\_ Other \_\_\_

Describe or list any other information you may need us to know, any prior injuries or pertinent health issues related to the above information, any/other vision or hearing issues: \_\_\_\_\_

**Check (√) any of the following illnesses the child has:**

<input type="checkbox"/> <b>Asthma:</b> ___ Medication/Inhaler: (Name) _____ ___ Given as needed/describe: <i><b>*Please complete Medication Administration Care Plan (Yellow Form)</b></i>	<input type="checkbox"/> <b>Bee Sting Allergy:</b> ___ Requires Medication (Name): _____ ___ Epi-Pen	<input type="checkbox"/> <b>Epilepsy/Seizures:</b> ___ Administer Medication ___ Call 911 <i><b>*Please complete Medication Administration Care Plan (Yellow Form)</b></i>
<input type="checkbox"/> <b>ADD/ADHD:</b> Medication (Name): _____ ___ Administered at Home: ___ Administered at School: <i><b>*Please complete Medication Administration Care Plan (Yellow Form)</b></i>	<input type="checkbox"/> <b>Latex Allergy</b> ___ Requires Medication/describe:	<input type="checkbox"/> <b>Diabetes:</b> ___ <b>Type 1</b> ___ <b>Type 2</b> Prescription Medication: (Name)
<input type="checkbox"/> <b>Allergies:</b> Prescription Medication: (Name): Over the Counter Medication (Name): ___ Administered at Home: ___ Administered at School:	<input type="checkbox"/> <b>Allergies:</b> (Other)	

Does your child take any other medication on a regular basis? Yes ( ) No ( )

If yes please list the name of the medication(s) and the medical condition for which it is taken:

\_\_\_\_\_  
 Please comment on any other medical information/or special needs teachers/school should be aware of:  
 \_\_\_\_\_

**\*\* Please provide up-to-date Immunization record \*\***

## Medication Permission (temporary medications available at schools)

A. Listed below are temporary medications available at school if an illness arises.

**Cross through any medications your child is NOT allowed to have.**

Please sign below if you agree that your child may receive the following:

- Tylenol** (acetaminophen)
- Motrin** (ibuprofen)
- Benadryl**
- Eye Wash**
- Triple Antibiotic Ointment/Spray**
- Hydrogen Peroxide**
- Band-Aid**
- Anti-Itch Lotion / Cream (Hydrocortisone)**
- Tums**
- Cough Drops** (Provided by parent. Package must be marked with name)

**Epipens must be provided by the parent. Prescribed by a doctor. Must be marked with name and dosage/instructions.**

**OVER THE COUNTER MEDICATIONS WILL NOT BE ADMINISTERED THE FIRST HOUR AFTER ARRIVING OR THE HOUR PRIOR TO LEAVING SCHOOL.**

B. Prescription medications required three or four times daily need to be given at home, before and after school hours, when possible. If a late morning or noon dose is needed while at school, please contact the school secretary and/or child's teacher to request administration of medication and provide instruction. Medication must be in current, up to date prescription bottle.

C. Medication WILL NOT BE ADMINISTERED AT SCHOOL if student shows the following symptoms. Students are not to come to school if during the previous 24 hours they exhibit any of the following symptoms or have been seen by a doctor and are considered contagion free:

- A temperature of 100 degrees or greater (without medication)
- Vomiting or diarrhea
- An unusual or unexplained rash, unrelenting and itchy
- Persistent cough
- Children with chicken pox are to remain at home a minimum of six (6) days after the first appearance of the rash. They may return to school when all lesions are crusted over.

I authorize staff at ICS to obtain the following services for this child if necessary: Public Health Nurse, Physician, Emergency Room, EMS and/or Ambulance transport in the event of an emergency. (Ambulance fees and/or health care costs are the responsibility of the parent/guardian).

By signing below, I give permission for my child to receive any of the above medications listed or necessary treatment if needed.

Signature of legal parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## Authorization to Use Photographs--Use of Internet

### Authorization to use Photographs

I authorize the Diocese of Jefferson City to use photographs of above named individual / student in connection with publications and/or Catholic school advertisements and/or Catholic school public relations i.e. official parish/school Facebook page, printed materials, and Google Classroom, provided that the Diocese is not authorized to sell or otherwise distribute such photographic images to any other person or entity without my/our consent.

### Technology Policy

Immaculate Conception School follows the diocesan policy in regard to the use of technology:

- Internet, email, and other technology access and use in school is a privilege, not a right.
- The use of technology is always to be consistent with Catholic teaching, doctrine, morality, and values.
- Users shall not use the internet, e-mail or other technology for the purpose of violating copyright law.
- Users shall not use the internet, e-mail, or other technology for the purpose of plagiarism.
- Users shall not attempt to gain access to resources belonging to others. This includes, but is not limited to, passwords, e-mail, personal files, and restricted or secure internet sites.
- Users shall not use the internet, or other technology to transmit information about the school or school governed facilities. This includes but is not limited to school personnel names and addresses.
- Users shall not use the internet, e-mail, or other technology either within or outside school hours and/or on or off school grounds to defame, bully, intimidate, or assault other students, staff, employees, or the character or being of the school itself. This includes any negative postings, verbal or pictorial, on such websites as Facebook, Instagram, YouTube, etc.
- The school reserves the right to review any materials sent or received via the internet, e-mail, or other technology for their appropriateness in light of legal, ethical and Christian standards.
- Any violation of this policy is also considered a violation of the general school discipline code and is subject to school disciplinary action
- The privilege of the internet, e-mail, or other technology use can be suspended or revoked at any time.
- Students are not allowed to use personal e-mail at school

### G Suite for Education

Immaculate Conception School requires parental/guardian consent for each student to allow access in the G Suite for Education service. **Upon approval**, students will receive a G Suite student account. As with any educational endeavor, a strong partnership with families is essential to a successful experience. Students will have access to G Suite applications which promote their academic activities. Access to applications, such as Google Hangout/Talk and Google+, are disabled.

*I HAVE READ THE SCHOOLS TECHNOLOGY POLICY AND AUTHORIZATION FOR USE OF PHOTOGRAPHS.*

*I GIVE CONSENT FOR THE FOLLOWING:* \_\_\_\_\_ Photographs \_\_\_\_\_ Use of Internet \_\_\_\_\_ Use of G Suite for Education

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Walking Field Trip Permission

On occasion, ICS will take walking fieldtrips within close proximity of our school (i.e. Rexall's, Jackson Street Park, Royal Theatre, etc.) Please complete the bottom permission section, which will be kept on file, as 'standing permission'.

My child \_\_\_\_\_ has a 'standing permission' to go with an authorized teacher within walking distance of Immaculate Conception School.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# Driver Information Form

## Private Passenger Car

Driver is required to be at least 25 years of age.

Name of Driver: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

(Street)

(City)

(State)

(Zip)

1. Do you currently hold more than one driver's license? Yes ( ) No ( )

2. Have you ever been denied, had revoked or suspended, any license, permit, or privilege to operate a motor vehicle? Yes ( ) No ( )

(If you answered yes to this question, please attach a statement giving details.)

3. List traffic convictions and forfeitures for past three (3) years:

Location (City/State)

Date

Charge

\_\_\_\_\_

4. List accident record for past three (3) years:

Date

City/State

Nature of Accident

\_\_\_\_\_

5. Have you ever been convicted of anything other than a traffic violation?

Yes ( )

No ( )

If yes, explain:

\_\_\_\_\_

\_\_\_\_\_

I certify that I am at present legally allowed to operate a motor vehicle in the State of Missouri and that I have no illness, injury, or condition that would affect my driving. Also, I will not drive if under the influence of any drug or prescription medication that could affect my driving ability. Furthermore, I will abide by the following rules and others as specified by the Diocese of Jefferson City Parish/School Representative:

A. Require the use of seat belts of all passengers.

B. No passengers under age 12 exposed to air bags (and as recommended by the car manufacturer)

C. Stay within the posted speed limits and obey all traffic laws.

D. Stay on the assigned route and DO NOT STRAY.

Signed \_\_\_\_\_ Date: \_\_\_\_\_

*The Diocese of Jefferson City does not provide insurance coverage for private passenger vehicles. The driver's own coverage will apply in any and all instances.*

### Instructions for School Authority:

- Copy the Driver's License.
- Copy the Driver's personal insurance card.
- Keep both on file in the School Office.
- Give the driver a copy of this form (keep original in file).



*Immaculate Conception School embraces the mission of Jesus Christ to form faith, service and leadership in our Church, our School, and our Community.*

Immaculate Conception School is a parochial Catholic School, accredited by Missouri Nonpublic School Accrediting Association, nationally recognized by the National Federation of Nonpublic School State Accrediting Associations, and a member in good standing of the National Catholic Educational Association. Our Preschool Program is not licensed by the Department of Health and Senior Services, due to our Religious license exemption. Our Preschool Program is closely monitored and maintained to meet the standards of the Diocese of Jefferson City.

**I acknowledge that my preschooler is attending the Immaculate Conception Preschool program, which is exempted from state licensure.**

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Parent/Guardian Signature

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Date



# Important Reminders

TextCaster is a communication system that supports keeping school patrons updated with information including emergencies, closings, early dismissals, event reminders and important information. ICS participates and appreciates this wonderful program.

If you have not all ready signed-up, we encourage and recommend that you do! Please follow the instructions listed, if you have any questions please contact the school office.



*Macon-Atlanta State Bank is the proud sponsor  
of TextCaster.*

**Go to [mabank.com](http://mabank.com).**

**Look for the Quick Links Box on the left of the page**

**Click on: TextCaster School Alerts.  
Click on Immaculate Conception Alerts.**

**Click on Proceed.**

**Follow Instructions for Sign-Up.**

**All students must be up-to-date to attend school. Parents must provide an updated immunization record upon registration.**

**Reminder to parents with students entering Eighth Grade:**

***\*\*Before 8th grade, students need to have received 1 dose of MCV4 (meningococcal) vaccine and Tdap which is a tetanus/whooping cough vaccine.***

# Questionnaire

*This page is only to be completed by families new to our school.*

Share why you desire to enroll your child in a Catholic School/Preschool:

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1. How did you hear about Immaculate Conception School? \_\_\_\_\_

2. List previous schools/daycares, giving detail of enrollment, repeated grades, discipline concerns, etc.

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3. Please comment on any unusual factors in the student's life \_\_\_\_\_

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4. Has the student been expelled or disciplined beyond ordinary classroom or daycare situations? Y / N

Please Explain \_\_\_\_\_

## AUTHORIZATION FOR DIRECT PAYMENT VIA ACH

(ACH DEBITS) Direct Payment via ACH is the transfer of funds from a consumer account for the purpose of making a payment.

I (we) authorize Immaculate Conception Catholic Church, Macon ("Company") to electronically debit my (our) account and, if necessary, electronically credit my (our) account to correct erroneous debits as follows:

**Please check all that apply and complete the banking information for each category.**

**CATHOLIC HOT LUNCH** \$ \_\_\_\_\_ [MONTHLY X # OF STUDENTS]

- Checking Account**    **Savings Account** (select one) at the depository financial institution named below ("Depository"). I (we) agree that ACH transactions I (we) authorize comply with applicable law.

Depository Name \_\_\_\_\_  
Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_  
Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

**TUITION** \$ \_\_\_\_\_ [MONTHLY]

- Checking Account**    **Savings Account** (select one) at the depository financial institution named below ("Depository"). I (we) agree that ACH transactions I (we) authorize comply with applicable law.

Depository Name \_\_\_\_\_  
Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_  
Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

**TITHING** \$ \_\_\_\_\_ [MONTHLY]

- Checking Account**    **Savings Account** (select one) at the depository financial institution named below ("Depository"). I (we) agree that ACH transactions I (we) authorize comply with applicable law.

Depository Name \_\_\_\_\_  
Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_  
Beginning Date: \_\_\_\_\_

***Pulled on the 15<sup>th</sup> of every month,***

*[on DAY before or DAY after or MONDAY following if 15<sup>th</sup> falls on holiday or weekend]*

I (we) understand that this authorization will remain in full force and effect until I (we) notify Immaculate Conception Catholic Church, Macon in writing that I (we) wish to revoke this authorization. I (we) understand that Immaculate Conception Catholic Church, Macon requires at least 30 days prior notice in order to cancel this authorization.

Name: \_\_\_\_\_  
(Please Print) (Signature) (Date)

**ATTACH VOIDED CHECK HERE**

[Mandatory—will not process if not received.]  
(Do not use a deposit ticket or temporary check)