



4913 Schofield St.
Monona, Wisconsin 53716
608.222.8831
www.ihm-school.org

2010-2011 4K REGISTRATION

Student Information

Student's Name _____
Last First Middle

Address _____
Street City State Zip

Phone _____ E-Mail Address _____

Date of Birth _____ | Place of Birth _____
month/day/year

Please check all that apply:

- Immaculate Heart of Mary Registered Parishioner
- Sibling of current IHM School Student or Preschool Student

Please check all that apply:

- Monona Grove School District Resident
- Madison School District Resident
- Other School District: _____

Please check the programs in which you are interested:

- No Preference
- AM Program (8:10-11:15) *The AM program is filled first with those children requiring wraparound care, and then with others according to the day that we received their registration.*
- PM Program (11:55-3:00) Afterschool available 3:00-5:30
- Wraparound Service, lunch available daily **AM PROGRAM ONLY** 11:15-5:30
The payment for the first month of wraparound service will be due July 15th. If the payment is not received, or your wraparound needs change, your child may be moved to the PM program.

Language used at home _____ Student lives with ___Father___Mother___Both

Student's age on September 1, 2010 _____ Gender: Male Female
Years Months

Special educational or medical needs (please list) _____

