



Assumption Nursery School and Toddler Center

22150 Marter Road, St. Clair Shores, MI 48080 • Telephone: (586) 772-4477 • Fax: (586) 772-6946

2018-2019 ENROLLMENT APPLICATION

CHILD INFORMATION

Child's Name: _____ (F or M) Date of Birth _____
 Fathers _____ Mothers _____
 Phone: _____ Phone: _____
 _____ City, State, _____
 Address: _____ Zip: _____

CHOICE OF PROGRAM

All programs are available Monday – Friday
 Half Day: 8:30 a.m. – 11:30 a.m.
 School Day: 8:30 a.m. – 3:30 p.m.
 Full Day: 6:30 a.m. – 6:00 p.m.

Half Day programs can add extra time in 30 minute increments at a rate of \$5 per half hour.

All School and full day programs include a morning instructional program.

Minimum number of days per week:
 Young Fives: 3 days per week
 All other programs: 2 days per week

If a nap is not selected for three - five year-olds in the School and Full Day programs; a 30-minute (4/5 year-olds) or 45-minute (3 year-olds) rest period is given.

Age/Classroom

- Toddler (must be 12 months old)
- Transition/Young Threes (must be 30 months old)
- Three year-old preschool (must be 3 by Sept.. 1 and potty-trained)
- Four year-old preschool (must be 4 by Sept. 1 and potty-trained)
- Young Fives Developmental Program (must be 5 between March 1 and December 31 of 2018)

Program Choice:

- AM Half Day (8:30 am – 11:30 am)
- School Day (8:30 am – 3:30 pm)
- Full day (6:30 am – 6:00 pm)

Please check one of the following:

- Yes My child Naps
- No Nap**

** (preschool and young fives only)

Number of days requested: _____

Circle days: M T W Th F

Are your days flexible? YES NO

Child Arrival Time: _____

Child Departure Time: _____

Is your child taking medication on a regular basis? Yes _____ No _____ Explain _____

Does your Child Have Allergies? Yes _____ No _____ If Yes, List _____

Does your child require any special care? Yes _____ No _____ Explain: _____

How did you hear about our school?

Friend _____ Family _____ Advertisement _____ Word of mouth _____ Other _____

If necessary, please complete the following forms: Food Allergy Questionnaire, Food Allergy Action Plan, or Medicine Permission Form.

PARENT INFORMATION

Marital Status of the **Biological** parents (circle one): Single Married Divorced Separated Widow

If divorced:

Legal Custody*: Mother/Father /Both

Physical Custody*: Mother/Father /Both

* Michigan Dept. of Human Services requires a Court Order be on file if a parent is prohibited from picking up a child.

Father's Name: _____ Mother's Name: _____

Occupation: _____ Occupation: _____

Business Address: _____ Business Address: _____

Business Phone: _____ Business Phone: _____

E-mail address: _____ E-mail address: _____

REGISTRATION INFORMATION

The following forms are required to complete the enrollment process:

Enrollment Application

- Child Information Record (all fields must be completed)
- Health Appraisal Form and Vaccination Records or Waiver (from physician)
- Registration Fee: \$100 (non-refundable)
- Waiver for Preschool if child is not 3 or 4 by September 1
- Allergy packet if child has food allergies

Please initial below:

1. _____ I agree to send a lunch for my child any day my child will attend beyond 11:30 a.m.

I give permission to Assumption Nursery School to apply when necessary (circle all that apply):

2. _____ Sunscreen Lip Balm Diaper Cream

3. _____ I understand that the above items are supplied by the parents or guardian.

4. _____ I have received a copy of the 2018/2019 ASSUMPTION PARENT HANDBOOK and I agree to the terms and general policies set forth by the Assumption Nursery School and Toddler Center.

5. _____ I give permission for Assumption Nursery School and the commercial media, acting through their authorized employee or agents and in their discretion, to use, reuse, publish, republish and copyright audio or visual reproductions of the student/child's voice or image, alone or with other persons, and with or without the use of the student/child's name.
YES / NO (circle choice and initial)

6. _____ Please use my e-mail address/es on this application to send me updates from Assumption, my child's classroom teacher, or the classroom website.

7. _____ I understand that if I pick up after 6 p.m., there will be a charge of \$5 for every 5 minutes after 6 p.m. After three late pick-ups, I will be charged \$3 per minute.

ENROLLMENT AGREEMENT

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Office Use:
Room #: _____ Receipt #: _____ Date: _____ Initials: _____