



## Assumption Nursery School and Toddler Center

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

### 2019-2020 ENROLLMENT APPLICATION

#### CHILD INFORMATION

Child's Name: \_\_\_\_\_ ( F or M ) Date of Birth \_\_\_\_\_  
 Fathers \_\_\_\_\_ Mothers \_\_\_\_\_  
 Name/Phone: \_\_\_\_\_ Name/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 2019)

#### 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 2019/2020 ASSUMPTION PARENT HANDBOOK and I agree to the terms and general policies set forth by the Assumption Nursery School and Toddler Center.

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.

5. \_\_\_\_\_ YES / NO **(circle choice and initial)**

6. \_\_\_\_\_ 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: \_\_\_\_\_