



## Assumption Nursery School and Toddler Center

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

### 2019 SUMMER ENROLLMENT APPLICATION

#### CHILD INFORMATION

Child's Name: \_\_\_\_\_ M or F \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Mom Name/phone \_\_\_\_\_ Dad Name/Phone \_\_\_\_\_  
 Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

#### CHOICE OF PROGRAM

All programs are available Monday – Friday

Half Day: 8:30 a.m. – 11:30 p.m.

Extended 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.

Minimum number of days per week: 2 days per week

If a nap is not selected for three or four year-old full day programs, a 30-minute (4 year-olds) or 45-minute (3 year-olds) rest period is given instead.

##### Age/Classroom

- Toddler (must be 12 months old)
- Transition/Young Threes ( must be 30 months old)
- Three year-old preschool (must be 36 months and potty-trained)
- Four year-old preschool ( must be 48 months and potty-trained)
- School Age: Last Grade Completed \_\_\_\_\_

##### Program Choice:

- AM Half Day (8:30-11:30 am)
- Extended Day (6:30 am – 6:00 pm)

##### Full Day:

- Nap (Ages 3 – 5) or
- No Nap

##### Sessions:

- 1: June 17– July 19\*
- 2: July 22 – August 21
- \*Closed on July 4<sup>th</sup> & July 5<sup>th</sup>

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? No \_\_\_\_\_ Yes \_\_\_\_\_ Explain \_\_\_\_\_

Does your child have allergies? No \_\_\_\_\_ Yes \_\_\_\_\_ List: \_\_\_\_\_

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

How did you hear about our camp? Friend \_\_\_\_\_ Family \_\_\_\_\_ Advertisement \_\_\_\_\_

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 that a Court Order is on file if a parent is prohibited from picking up a child.

Father's Name:

Mother's Name:

Occupation:

Occupation:

Business

Address:

Business Address:

Cell Phone:

Cell 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 (non-refundable): \$50 (on or before May 1); \$75 (after May 1)
- Allergy packet if child has food allergies

**Please initial below:**

\_\_\_\_\_ I agree to send a lunch for my child any day my child will attend beyond 11:30 p.m.

\_\_\_\_\_ I have received a copy of the **2019 Summer Parent Handbook** and I agree to the terms and general policies set forth by the Assumption Nursery School and Toddler Center.

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

\_\_\_\_\_ Sunscreen                  Lip Balm                  Diaper Cream

\_\_\_\_\_ I understand that the above items are supplied by the parents or guardian.

\_\_\_\_\_ 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 report 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 (If no, please complete, Photo Release Permission Form.)

\_\_\_\_\_ 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

I have received a copy of the summer general policies and agree to the terms set forth by Assumption Nursery School and Toddler Center.

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

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

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

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

Office Use:

Room #: \_\_\_\_\_

Receipt #: \_\_\_\_\_

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

Initials: \_\_\_\_\_