



Assumption Nursery School and Toddler Center

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

2021-2022 ENROLLMENT APPLICATION

CHILD INFORMATION

(Please complete all information below)

Child's Name: _____ M or F Date of Birth: _____

Address: _____ City, State, Zip: _____

Parent/Guardian Name/Phone: _____ Parent/Guardian Name/Phone: _____

Email Address: _____ Email Address: _____

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.
Extended: 6:30-6:00

Half Day programs may add 30 minutes to include lunch (12:00 pick-up) at a rate of \$5.00

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 Extended 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 Three's (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 2021)

Program Choice:

- AM Half Day (8:30 am – 11:30 am)
 - School Day (8:30 am – 3:30 pm)
 - Extended day (6:30-6:00)
- Please check one of the following:**
- Yes My child Naps (2 hour)
 - No Nap** (30-45 min. rest)

** (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: _____

CHILD HEALTH INFORMATION

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.

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; waiver from Health department)
- 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 2021/2022 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**) example: School website, local Newspaper or Activity Brochure

6. _____ I understand that if I pick up after 6 p.m., there will be a charge of \$1 for every 1 minute after 6 p.m. After 3 late pick-ups, I will be charged \$3 per minute.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

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(OFFICE USE): Receipt # _____ Date: _____