



## Assumption Nursery School and Toddler Center

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

### ENROLLMENT APPLICATION

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Name child goes by: \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Residence Phone \_\_\_\_\_

Mother's Business Phone \_\_\_\_\_ Father's Business Phone \_\_\_\_\_

FOR OFFICE USE ONLY

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

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

Date \_\_\_\_\_

### PROGRAM DESIRED (Circle One)

TODDLER

TRANSITION

\*PRESCHOOL

YOUNG FIVES

KINDERGARTEN

\*Child entering 3 or 4 year old preschool program must be fully potty-trained, no pull-ups.

My child will turn 3 years old in September, October or November. I agree for my child to be placed in a 3 year old room. (Parents initials: \_\_\_\_\_)

### PLAN DESIRED (Circle One)

#1 – 8:30 – 11:30 OR 12:30 – 3:30

EXTRA HOURS if needed: \_\_\_\_\_

\_\_\_\_\_  
Arrival Time

\_\_\_\_\_  
Departure Time

#2 – 8:30 AM – 3:30 PM

#3 – 6:30 AM – 6:00 PM

\_\_\_\_\_  
Arrival Time

\_\_\_\_\_  
Departure Time

### DAYS DESIRED

All programs are offered Monday through Friday.

Number of Days Attendance Required:

Kindergarten Program – 5 Days

Young Fives Program – 3 Days

All Other Programs – 2 Days

CIRCLE DAYS DESIRED:      M          T          W          Th          F

### PLEASE COMPLETE BOTH SIDES WITH SIGNATURE AND DATE

- Does your child have any physical problems that the school should be aware of? (Problems at birth, tubes in ears, etc.) \_\_\_\_\_ No \_\_\_\_\_ Yes (explain) \_\_\_\_\_
- Does your child have any emotional problems that the school should be aware of?  
\_\_\_\_\_ No \_\_\_\_\_ Yes (explain) \_\_\_\_\_

3. Does your child have any allergies? \_\_\_\_ No \_\_\_\_ Yes (specify if food, medicine, nature, etc.)

\_\_\_\_\_
If your child has a peanut allergy, please provide his/her own snack.

4. Has your child been in a preschool or home/child care setting previously \_\_\_\_ Yes, if so when and where?

\_\_\_\_\_
5. Is your child taking medication on a regular basis? \_\_\_\_ No \_\_\_\_ Yes (specify) \_\_\_\_\_

6. If your child participates in the afternoon Child Care Program, will your child be napping? \_\_\_\_ Yes \_\_\_\_ No
**Ages 3 or older:** a 20 minute rest period is sufficient for my child. He/She no longer naps.

7. Status (circle one) Single Married Divorced Separated Widow

8. If divorced: \_\_\_\_\_
Legal Custody Mother/Father/Both \_\_\_\_ Physical Custody Mother/Father/Both

Please attach Court Order regarding custody agreement and see "Child Release" section in the General Policies.

9. Names and ages of siblings: \_\_\_\_\_

10. Who referred you to our school? \_\_\_\_\_

11. Photo Release Permission – 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

12. FATHER MOTHER
Name \_\_\_\_\_
Occupation \_\_\_\_\_
Business Address \_\_\_\_\_

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A non-refundable fee of \$200.00 is due with this application for Kindergarten. First month’s tuition is due June 1, 2008

A non-refundable fee of \$100 is due with this application for Toddler Room, Transition Room and Preschool.

LATE PICK UP CHARGE: I understand that if I am late in picking up my child at the scheduled time, there will be a charge of \$5.00 for every 5 minutes and, after three late pickups, I will be charged \$3.00 per minute.

I HAVE RECEIVED A COPY OF THE GENERAL POLICIES AND AGREE TO THE TERMS SET FORTH BY THE ASSUMPTION NURSERY SCHOOL AND TODDLER CENTER.

I AGREE TO SEND A LUNCH WITH MY CHILD ON ANY DAY THAT IS LONGER THAN THE USUAL THREE HOURS.

\_\_\_\_\_  
Parent/Guardian Signature Date  
(R2/08)

\_\_\_\_\_  
Parent/Guardian Signature Date