



Assumption Nursery School and Toddler Center

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

2026 SUMMER ENROLLMENT APPLICATION

CHILD INFORMATION

Child's Name: _____ (F or M) Date of Birth _____
 Parent/Guardian Name & Phone: _____ Parent/Guardian Name & Phone: _____
 Address: _____ City, State, Zip: _____
 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: 7:00 a.m. – 5:30 p.m.

Minimum number of days per week: 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.

Half Day programs may add 30 minutes to include lunch (12:00 pick-up) at a rate of \$10.

Age/Classroom

Toddler (must be 12 months old)

Transition (must be 30 months old)

Three year-old preschool (must be 3 by Sept. 1 and **potty-trained**)

Four year-old/Young Five (completed 4yr/Young5's **potty-trained**)

School Age: Last Grade Completed: _____

Program Choice:

AM Half Day (8:30 am – 11:30 am)

School Day (8:30 am – 3:30 pm)

Extended Day (7:00 am – 5:30 pm)

Please check one of the following:

Yes My Child Naps (2 hour)

No Nap** (30-45 min. rest) (**preschool and young fives only)

Sessions:

1st: June 15 – July 17

2nd: July 20 – August 21

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.

