Assumption Early Learning Center
4709 Mattis Road
St. Louis, MO 63128
314.487.6520

AELC REGISTRATION FORM

CHILD'S NAME: _____

START DATE: _____ **BIRTHDATE:** _____

**All students must attend year round to secure space in the program.*
**All students are registered for full days.*
**Child must be age-eligible by July 31st for Toddler 2, Preschool, and PreK classrooms.*

CHECK CLASSROOM AND DAYS OF WEEK NEEDED:

- ☐ Infants/Toddler 1 (6 weeks - 2 years)
  - ☐ 12-Months/5 Days
- ☐ Toddler 2 (2-3 years)*
  - ☐ 12-Months/5 Days
  - ☐ 12-Months/3 Days (M-W-F)
  - ☐ 12 Months/2 Days (Tu-Th)
- ☐ Preschool (3-4 years)*
  - ☐ 12-Months/5 Days
  - ☐ 12-Months/3 Days (M-W-F)
  - ☐ 12 Months/2 Days (Tu-Th)
- ☐ Pre-Kindergarten (4-5 years)*
  - ☐ 11-Months/5 Days
  - ☐ 11-Months/3 Days (M-W-F)
  - ☐ 11 Months/2 Days (Tu-Th)

FAMILY INFORMATION (circle one):
Is your family Catholic? Yes or No Is your child baptized? Yes or No

Are you a member of Assumption Parish? Yes or No
If not, please list parish:_____

PARENT SIGNATURE: I have read the policies and procedures in the AELC Family Handbook . I understand and agree that I am accountable as my child's parent to adhere accordingly. I understand that the deposit is not applied to the first payment. As long as tuition is current, the deposit will be refunded upon graduation from the program or by providing a 2-week written withdrawal notice.

_____

Parent Signature/Date

Revised 2/2025