



**Assumption Parish Sunday Preschool
Information/Registration Form
2018-2019**

- Lessons and activities center on the Gospel message for the week.
 - Begin with prayer. Listen to Gospel story for that week
 - Rotate through learning/activity centers
 - Close with group prayer
- Children ages 3-5/6 (Preschool through Kindergarten). Children must be potty trained. Please provide a change of clothes if you feel it is necessary.
- Child may be registered in the middle of the school year (after 3rd birthday) - tuition will be pro-rated.
- Classes are from **September 9, 2018** through Sunday, May 5, 2019.
- No class on: 11/25/18, 12/23/18, 12/30/18 and 4/21/19 (Easter), and on the weekend of the Fall Festival.
- Class begins at 10:00 a.m. Drop-off may begin at 9:45 with pick-up at the conclusion of Mass.
- Parents must sign their child in/out each Sunday. During drop-off each week you will help your child find his/her nametag. Children will not be dismissed to siblings or friends – parent only.
- Tuition is \$40 for the first child and free for each additional child. ***Please make checks payable to Assumption Church.***
- **Late Registration** will be accepted.
- We strongly encourage all parents to volunteer at least one class time during the school year. In order to do so, you must first attend a **Protecting God's Children Workshop** (for dates and times check ww.archstl.org. An Assumption Volunteer Packet will be given to be completed as well.
- Contact Denise Hoehne at 314-954-3192 for additional information.

PLEASE COMPLETE THE FORM BELOW, DETACH AND BRING TO THE REGISTRATION TABLE DURING HOSPITALITY SUNDAY, PLACE IT WITH PAYMENT IN THE SUNDAY COLLECTION BASKET (in an envelope marked "Sunday Preschool") OR BRING IT TO THE PSR OFFICE. REGISTRATION MUST BE COMPLETE PRIOR TO CHILDREN ATTENDING THE FIRST DAY OF CLASS.

Sunday PreSchool Registration Form – 2018/2019

CHILD'S NAME _____ DOB _____

AGE _____ IN KINDERGARTEN? _____

PARENTS' NAME(S) _____

ADDRESS _____

PHONE _____ CELL _____ Email _____

EMERGENCY CONTACT (OTHER THAN PARENT):

NAME _____ PHONE _____

RELATIONSHIP TO CHILD _____

HEALTH CONCERNS, ALLERGIES, SPECIAL NEEDS, ETC _____

____ YES, I will be happy to assist in Sunday Preschool.