

**ASCENSION EARLY CHILDHOOD CENTER REGISTRATION FORM
2025-2026 School Year**

CHILD INFORMATION

First Name: _____ Last Name: _____

Name Called: _____ *"Name called" is only needed if it is different from "First Name" and is the name you want your child to learn to write and the name to be written on your child's Little School bag and used in the classroom.*

Gender: M ___ F ___ Birth date: ___ / ___ / 20___ School child last attended: _____

Check one: Yes ___ No ___ My child has been previously screened and has an IEP or is receiving services.

Check one: ___ My child is fully potty trained. ___ My child is working on potty training.
___ My child is not potty trained.

What do you hope your child will gain from a preschool experience? _____

Describe your child. What activities does your child enjoy? Does your child have opportunities to play with other children? _____

What additional information would you like to share with us about your child? _____

FAMILY INFORMATION (If registering more than one child, the FAMILY area only needs to be completed one time.)

Family Last Name: _____

Father's Name: _____ Mother's Name: _____

Father's Profession: _____ Mother's Profession: _____

Mailing Address: _____

City: _____ Zip Code: _____ Subdivision: _____

Preferred Email Address (Used for all correspondence): _____

If an additional email address is desired, please indicate here: _____

Preferred Phone #: _____ Additional Phone #: _____

List siblings & date of birth: _____

Check here ___ if registered in Ascension Parish. If not, name of Parish _____

SELECT CLASS

EARLY DROP OFF (Breakfast Bunch) 7:30am-9:00am Include with monthly tuition if checked:

___ MW ___ TTH ___ MWF ___ MTWTh ___ MTWThF

MORNING 9:00am-11:45am

Please check one:

- 2 - 3 year old (2 by 7/31/2025) ___ MW ___ TTh ___ MTWTh
- 3 - 4 year old (3 by 7/31/2025) ___ MWF ___ TTh ___ MTWThF
- 4 - 5 year old (4 by 7/31/2025) ___ MTWTh ___ MTWThF

AFTERNOON

Option #1 LUNCH BUNCH 11:45am-1:00pm Include with monthly tuition if checked:

___ M ___ T ___ W ___ Th ___ F

Option #2 ENRICHMENT 11:45am-2:30pm Must be fully "potty trained"!

___ M ___ T ___ W ___ Th ___ F

Option #3 ENRICHMENT 11:45am-2:55pm Must be fully "potty trained"! Dismissed with K-8 ACS sibling(s)

___ M ___ T ___ W ___ Th ___ F

PLEASE COMPLETE OTHER SIDE

- ★ I understand the Supply Fee is non-refundable.
- ★ I understand the 9th Tuition Payment (May 2026 tuition) is due at registration and is non-refundable after April 1, 2025.
- ★ I understand Electronic Withdrawal is available for the 8 remaining tuition payments due on the 20th of each month (August 20 through March 20).
- ★ I understand each student attending The Ascension Early Childhood Center is required to have a physical examination by a licensed physician, upon entrance to school. In addition, all students must be fully immunized and present documentation of up-to-date immunization status, including month, day, and year of each immunization before attending school.

PARENT SIGNATURE

TODAY'S DATE