

# Assumption ECLC 2025-2026 Program Selection Sheet

Child's Name: \_\_\_\_\_  
 Financially Responsible Parent: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Parent Signature: \_\_\_\_\_

Program	Time	Age Group	Days	Monthly Tuition	Please Check Here
<b>FULL DAY/YEAR-ROUND</b>	<b>7:00AM to 5:30PM</b>	Infants (6 weeks-15 months): 5 days (M-F)		\$1,400	
<b>PK1</b>					
<b>FULL DAY/YEAR-ROUND</b>	<b>7:00AM to 5:30PM</b>	One Year Olds	5 (M-F)	\$1,350	
<b>PK2</b>					
<b>FULL DAY/YEAR-ROUND</b>	<b>7:00am - 5:30pm</b>	Two Year Olds	5 (M-F)	\$1,240	
<b>PK3 &amp; PK4</b> * All children must be 3 years of age on or before September 1, 2025 and FULLY potty trained.					
<b>FULL DAY/YEAR-ROUND</b>	<b>7:00am - 5:30pm</b>	PK3 & PK4	5 (M-F)	\$1,210	
<b>Preschool Day</b>	<b>8:30AM to 11:30AM</b>	PK3 & PK4	5 (M-F)	\$880	
<b>Preschool + Lunch (Lunch Bunch)-follows ACS school calendar</b>	<b>8:30AM – 3:00PM</b>	PK3 & PK4	5 (M-F)	\$1,040	
<b>VPK (If with VPK voucher)</b> * All children must be 4 years of age on or before September 1, 2025 and FULLY potty trained.					
<b>FULL DAY August-May</b>	<b>7:00AM to 5:30PM</b>	VPK	5 (M-F)	\$930	
<b>VPK ONLY (180 Days)</b>	<b>8:30AM to 11:30AM</b>	VPK	5 (M-F)	State Funded	
<b>June and July (Camp)</b>	<b>7:00am – 5:30pm</b>	Upcoming and Graduating VPK	5 (M-F)	\$1,210	
<b>Preschool + Lunch (Lunch Bunch)-follows ACS school calendar</b>	<b>8:30AM – 3:00PM</b>	VPK	5 (M-F)	\$750	
<b>Supplemental Care</b>					
<b>Morning Care</b>	<b>7:00AM to 8:15AM</b>	PK3 & PK4	5 (M-F)	\$100	
When participating in PK4, it is the responsibility of the parent to obtain the VPK eligibility certificate and submit it to ECLC upon receipt. VPK funding is based on student attendance. If a child loses his/her funding due to lack of attendance, the parent is responsible for the remaining tuition balance; Other scholarships accepted: MCCYN Military Assistance, School Readiness & FES-UA. State your child's scholarship: _____					
Do you have siblings attending Assumption School or ECLC?			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If yes, please list name(s) _____					

Office Use Only	
Date Received: _____	Age/Grade: _____ Program _____
Start Date: _____	
VPK Funds <input type="checkbox"/> Yes <input type="checkbox"/> No	VPK Certificate Receive: <input type="checkbox"/> Yes <input type="checkbox"/> No
Staff: <input type="checkbox"/> Yes <input type="checkbox"/> No	Multiple children: <input type="checkbox"/> Yes <input type="checkbox"/> No
ECLC Review: _____	<b>Registration Fee:</b> <input type="checkbox"/> \$200 charged in Facts but due immediately
	<b>Supply Fee:</b> <input type="checkbox"/> \$200 charged in FACTS
Date Processed: _____	Payment Plan due date-1 <sup>st</sup> / 5 <sup>th</sup> only