

FAMILY INFORMATION

Mother

Father

Full legal name: _____

Occupation: _____

Employer: _____

Business phone: _____

Cell phone: _____

E-mail address: _____

Status of parents: () Married () Divorced () Single Applicant lives with: _____

Has your student been diagnosed with any allergy, ailment, behavioral disorder or learning, emotional or physical challenge that may or may not impede his/her learning process (i.e. ADD, speech, hearing, vision)? If yes, please provide appropriate documentation.

PARENT AGREEMENT

I agree to abide by the regulations stated in the Parent Handbook and policies approved by the EEC Board. I hereby release St. Matthew's Early Education Center from any and all injuries which my child may sustain as a result of his/her participation in activities at St. Matthew's Early Education Center.

By signing below, I agree to pay the published tuition amount on time. I understand there are late charges associated with delinquent payments. I acknowledge that the registration fee and prepaid tuition are non-refundable.

Signature of parent or guardian

Date

PAPER WORK

Your child's paper work is complete when the following items have been submitted.

- Application & Registration Fee
- Birth Certificate
- Health Form
- Field Trip Permission Form
- Emergency Card

THANK YOU for your registration. You will be receiving a mailing from us identifying your child's contracted attendance schedule, essential paperwork, the first month's fee and other pertinent information.