

# St. Matthew's Early Education Center

## Registration Form 2016 - 2017

Admission for:  SCHOOL:	<b>Playschool</b> (2 yrs old before September 1) _____ M-F _____ MWF _____ T/Th	<b>Preschool</b> (3 yrs old before September 1) _____ M-F _____ MWF _____ T/Th
	<b>Pre-Kindergarten</b> (4 yrs old by September 1) _____ M-F am _____ MWF _____ T/Th _____ M-F Full Day (9:00 – 2:30)	<b>Kindergarten</b> (5 yrs old by September 1) _____ School Only _____ Before Care _____ After Care _____ Before & After

CHILD CARE:	<b>Child Care Schedule</b> (Please Circle) Monday Tuesday Wednesday Thursday Friday
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### STUDENT INFORMATION (Please print clearly.)

Name of Student:			
	First Name	Middle Name	Last Name
Date of Birth:			Gender: ( ) Male ( ) Female
Address:			
	Number and Street Name	City	State Zip Code
Home Phone:	Language spoken in home:		

Has your child attended preschool or child care previously? \_\_\_\_\_ If so, where? \_\_\_\_\_

	Parent/Guardian 1	Parent/Guardian 2
Full Legal Name:		
Relationship to Child:		
Occupation:		
Employer:		
Business Phone:		
Cell Phone:		
E-mail Address:		
Mailing Address:		
(If different than student.)		

Status of Parents: ( ) Married ( ) Divorced ( ) Single	Applicant lives with:
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### RACE AND ETHNICITY

The US Department of Education requests racial and ethnic data on our students. This section is optional, but if you are willing to share this information, you would be helping us provide more accurate data. Thank you.

Please choose one or more of the following categories to reflect how you identify your child's race &/or ethnicity.

_____ Hispanic/Latino of any race	_____ Black or African American
_____ American Indian or Alaska Native	_____ Native Hawaiian or other Pacific Islander
_____ Asian (Chinese, Japanese, Korean, Pakistani, and Indian)	_____ White

### Additional Information

Does your child have any allergies, asthma, seizures or chronic illness? ( ) Yes ( ) No

If yes, please specify:

Are medications needed for this condition? ( ) Yes ( ) No

If yes, please specify:

Has your student been diagnosed with any ailment, behavioral or developmental difficulties, or emotional or behavioral challenges that may or may not impede his/her learning process (i.e.: speech, hearing, vision)? If yes, please specify:

\_\_\_\_\_

### Field Trip/Publicity Permission

Permission slips are always sent home prior to a trip. In the event that a permission slip is not returned to school, initializing below allows your child to attend the field trip with verbal permission.

\_\_\_\_\_ I hereby give permission for my child to accompany his/her class on all field trips planned and approved by the teachers and director.

A picture or video of your child taken during school at St. Matthew's EEC may be used on our website, in brochures, and in submission to other publications for the use of "school news" or advertising. Please initial the statement to which you agree.

\_\_\_\_\_ I give permission to post a picture of my child in an advertisement, newspaper article, the EEC webpage or admission brochure. Names will not be used.

\_\_\_\_\_ I do not give permission for my child's image to be published.

### Choose Your PAYMENT PLAN

Please check the box in front of the plan you will be following.

	9 month	Tuition for school and child care paid in 9 monthly installments beginning July 1 and ending March 1.
	10 month	Tuition for school and child care paid in 10 monthly installments beginning July 1 and ending April 1.

### GENERAL INFORMATION

1. A non-refundable registration fee is due with this registration form.
2. Monthly tuition is due on the 1<sup>st</sup> of every month beginning July 1 and ending either March 1 or April 1 depending on your chosen payment plan. The first two monthly payments are applied to the last two months of school. These payments are **NON-REFUNDABLE**.
3. A late fee of **\$5.00 a day** will be applied to payments not received by the 15<sup>th</sup> of the month.
4. Delinquent payments of one month may result in the child's enrollment being cancelled.
5. A sibling discount of 5% will be applied to the lesser of the tuition payments.
6. The Maryland Immunization Certificate, Health Inventory Form, Emergency Card, copy of Birth Certificate and Parent Handbook Acknowledgement must be on file **before** a child can attend class.

### PARENT AGREEMENT

By signing below, I acknowledge that I have read and understood the above statements and accept the terms for the 2016-2017 school year.

\_\_\_\_\_

Signature of parent or guardian

\_\_\_\_\_

Date



Accrediting Institution:

