

Thank you for your interest in St. Matthew's EEC!



Please read carefully to ensure that you complete our registration process correctly. Here are a few tips to make this process as smooth as possible!

1. Fill out the registration form before registration begins and be sure to identify a **First Choice** and **Second Choice** for your child's school schedule. The times for school only are in parenthesis. If you need additional coverage for your child, please circle which day or days you need childcare. Your child is only eligible to attend 7:00am-6:00pm on the days they have childcare.
2. Pre-Kindergarten (4 by September 1st) Parents: Please be aware there is a difference in class options listed. If selecting the M-F Morning Class (8:45am-11:45am) with childcare, your student(s) will be napping after lunch. If selecting the All-Day Pre-Kindergarten Class (9:00am-2:30pm) the school day does not end until 2:30pm and they will not have a nap. It is hard to make changes after placing students so please be mindful when completing this portion.
3. Complete all three pages, and sign in the **middle** and at the **bottom** of the third page. This signature acts as your acknowledgement and acceptance of the terms listed on the registration form, publicity permission and handbook (available online) acknowledgement for the 2025-2026 school year.
4. All registration forms need to be submitted via email to eecregistration@stmatthewseec.org. Applications will be accepted beginning at **7 AM** on February 4th for current families, and February 11th for new students. **Applications sent before 7AM will not be processed.**
5. **FOR RETURNING STUDENTS:** A confirmation email will be sent within 72 hours offering placement. Be prepared to pay your enrollment fee at that time through your family Procare portal.
 - a. **We will not save a seat for your student until this is paid. Your fee is nonrefundable.**
6. **FOR NEW STUDENTS: In addition to the completed registration paperwork, there will be a second stage of the application process for all new students (including siblings of current students).**
7. New students will receive a confirmation email within 72 hours verifying that your child's application paperwork is complete. At that time, you will receive details of how to register for the second stage of the process which involves a "playdate".
 - a. **The playdates for new students that are siblings will begin on February 6, 2026.**
 - b. **The playdates for new students that are part of new families will begin on February 17, 2026.**
 - c. The applicant and one parent will attend a scheduled meeting with other children and parents. The session will be about 30 minutes. This is an opportunity for the family to learn more about our program and for us to observe the children in a group/school setting to ensure our program is a good fit for your child.
8. Following the playdates, those families will receive an email offering placement. Be prepared to pay your enrollment fee at that time through your family Procare portal. You will receive instructions to set up your Procare account with your placement offer.
 - a. **We will not save a seat for your student until this is paid. Your fee is nonrefundable.**
9. Payment through Procare and a copy of your child's birth certificate or passport (**new students only**), must be received within 48 hours of placement offer to secure your spot.
 - a. **(Copies of birth certificates should be emailed to eecregistration@stmatthewseec.org).**
10. **New students:** Instructions to set up your Procare account will be included with your placement offer. If you have any questions, please contact our office at 301-464-1813 or eecbilling@gmail.com.

In-House registration begins at 7 AM Wednesday, February 4th. New student registration begins at 7 AM on Wednesday, February 11th.

If you are registering after June 1, please be prepared to pay both the enrollment fee and your first tuition payment.

Office Use Only: Enrollment Fee: _____ Paid: _____ Birth Cert. _____

Date: _____ Registration # _____

St. Matthew's Early Education Center

School Year Registration Form 2026-2027

Admission for SCHOOL:

1st Choice for school schedule:

(Please Circle Also)

2nd Choice for school schedule:

*If your child needs care outside of school hours, please circle the corresponding days for child care.

Playschool *Please Circle*(2 yrs old before Sept 1) **8:45-11:45am**

M-F MWF T/Th

Child Care **yes** **no** (If your child needs care outside of school hours, please circle the corresponding days for child care)

Monday Tuesday Wednesday
Thursday Friday

Preschool *Please Circle*(3 yrs old before Sept 1) **8:45-11:45am**

M-F MWF T/Th

Child Care **yes** **no** (If your child needs care outside of school hours, please circle the corresponding days for child care)

Monday Tuesday Wednesday
Thursday Friday

Pre-Kindergarten *Please Circle*

(4 yrs old by September 1: Two Class Options)

M-F Half-Day Class 8:45-11:45am

(Half-Day Child Care classes include a nap time)

M-F Full Day 9:00am – 2:30pm

(Full Day PreK classes are non-napping rooms)

Child Care **yes** **no** (If your child needs care outside of school hours, please circle the corresponding days for child care)

Monday Tuesday Wednesday Thursday Friday

STUDENT INFORMATION (Please print clearly.)

Name of Student:

First Name

Middle

Last Name

Date of Birth:

Gender: () Male () Female

Address:

Number and Street Name

City

State

Zip Code

Language(s) spoken in home:

Has your child attended preschool or child care previously? _____

Did you attend our Open House on January 16th? _____

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:

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.

<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Hispanic/Latino of any race
<input type="checkbox"/> Asian (Chinese, Japanese, Korean, Pakistani, and Indian)	<input type="checkbox"/> Native Hawaiian or other Pacific Islander
<input type="checkbox"/> Black or African American	<input type="checkbox"/> White

BACKGROUND INFORMATION

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

If yes, please describe.

Allergy and Asthma action plan forms are available on our website.

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

If yes, please provide a medication authorization form available on our website.

Does your child require a nut free environment? (or other food allergen) () No () Yes

If yes, please contact the director to discuss accommodations.

Describe your child: (On a scale of 1-5)

Strongly Disagree	Agree	Strongly Agree
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My child:

Is easygoing	1	2	3	4	5
Enjoys meeting new people	1	2	3	4	5
Adapts easily to change	1	2	3	4	5
Cuddly	1	2	3	4	5
Fussy	1	2	3	4	5
Irritable	1	2	3	4	5
Difficult to sooth	1	2	3	4	5
Likes trying new things	1	2	3	4	5
Hard time managing emotions	1	2	3	4	5
Easily frustrated/lacks persistence	1	2	3	4	5
Fearful and cautious by nature	1	2	3	4	5
Shy and slow to warm up to new people and experiences	1	2	3	4	5
Has a hard time with transitions	1	2	3	4	5
Emotionally sensitive/reactive	1	2	3	4	5
Sleep/wake cycle poorly regulated	1	2	3	4	5
Feeding difficulties	1	2	3	4	5
Strong reaction to light	1	2	3	4	5
Strong reaction to sound	1	2	3	4	5
Strong reaction to touch	1	2	3	4	5
Strong reaction to smell	1	2	3	4	5
Strong reaction to clothing/textures	1	2	3	4	5

Does your child face any difficulties that may impact their learning or participation in the classroom environment? (i.e.: speech, sight, auditory or physical challenges, or behavioral, emotional & social challenges.) If yes, please explain below and provide the director with copies of an Individualized Family Service Plan (IFSP), an Individualized Education Program (IEP), and a copy of the schedule of early intervention or special education services.

PUBLICITY PERMISSION

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.

PARENT HANDBOOK ACKNOWLEDGEMENT

I have received the Parent Handbook for St. Matthew's EEC, and I understand that it is my responsibility to read these policies and any subsequent revisions. I understand that the most recent handbook can be found on the school's website at www.stmatthewseec.org. By signing below, I am agreeing to the terms within the handbook.

Signature: _____ Date: _____

GENERAL INFORMATION

1. A **non-refundable** enrollment fee, in addition to a **non-refundable** deposit of 25% of the last school payment is due upon acceptance/enrollment. The 25% deposit will be applied to and deducted from the final tuition payment.
2. The first tuition payment, equal to 10% of your annual tuition, is due by May 1. The remaining monthly tuition payments are due on the **1st of every month** beginning August 1 and ending April 1. The 25% deposit will be applied to and deducted from the final tuition payment. Prepaid tuition is **non-refundable**.
3. A late fee of **\$15.00 a day** will be applied to payments not received by the **5th** of the month.
4. Delinquent payments of one month will result in the child's enrollment being canceled.
5. Credit Card payments will be accepted through MyProcare.com. Credit Card payments will include a 2.6% merchant fee.
6. A sibling discount of 5% will be applied to the lesser of the tuition payments.
7. The Maryland Immunization Certificate, Health Inventory Form, Emergency Form, Lead Screening Form, and copy of Birth Certificate must be on file **before** a child can attend class. **These must be submitted electronically.**
8. School-wide email communications will come from the director through our Procare Family Engagement app.
9. All families will need to register for their Procare billing account after registration at www.myprocare.com.

PARENT AGREEMENT

By signing below, I acknowledge that I have read and understood the above statements and accept the terms for the 2026-2027 school year. I, the undersigned, am over eighteen (18) years of age and competent to testify to the facts and matters set forth herein. I understand that I am responsible for reporting to the school any changes of this information. I understand that falsification of any information submitted shall be cause for denial of enrollment. I solemnly affirm under the penalties of perjury that the contents of the foregoing are true to the best of my knowledge.

Signature of Parent or Guardian

Date