

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

Date: _____ Registration # _____

St. Matthew's Early Education Center

KINDERGARTEN School Year Registration Form 2026-2027

Admission for SCHOOL:

 Kindergarten**Kindergarten** (5 yrs old by September 1) School Only (8:30am-2:45pm)

*If your child needs
care outside of school hours,
please circle what is needed.

 *Before Care *After Care *Before & After Child Care

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.

 American Indian or Alaska Native Hispanic/Latino of any race Asian (Chinese, Japanese, Korean, Pakistani, and Indian) Native Hawaiian or other Pacific Islander Black or African American 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 50% of the last school payment is due upon acceptance/enrollment. The 50% 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 50% 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