

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.
2. 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.
3. All registration forms need to be submitted via email to eeeregistration@stmatthewseec.org. Applications will be accepted beginning at **7 AM** on February 5th for current families, and February 12th for new students. **Applications sent before 7AM will not be processed.**
4. **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 Procure portal.
 - a. **We will not save a seat for your student until this is paid. Your fee is nonrefundable.**
5. **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).
6. 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 7, 2025.
 - b. The playdates for new students that are part of new families will begin on February 18, 2025.
 - 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.
7. Following the playdates, those families will receive an email offering placement. Be prepared to pay your enrollment fee at that time through your family Procure portal. You will receive instructions to set up your Procure account with your placement offer.
 - a. **We will not save a seat for your student until this is paid. Your fee is nonrefundable.**
8. Payment through Procure 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 eeeregistration@stmatthewseec.org).
9. **New students:** Instructions to set up your Procure account will be included with your placement offer. If you have any questions, please contact our office at 301-464-1813 or eeebilling@gmail.com.

In-House registration begins at 7 AM Wednesday, February 5th. New student registration begins at 7 AM on Wednesday, February 12th.

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 2025-2026

Admission for SCHOOL: 1st Choice for school schedule: _____ (Please Circle Also) 2nd Choice for school schedule: _____	Playschool *Please Circle* (2 yrs old before Sept 1) 8:45-11:45am M-F MWF T/Th Child Care Schedule (Please Circle) Monday Tuesday Wednesday Thursday Friday None	Preschool *Please Circle* (3 yrs old before Sept 1) 8:45-11:45am M-F MWF T/Th Child Care Schedule (Please Circle) Monday Tuesday Wednesday Thursday Friday None
	Pre-Kindergarten *Please Circle* (4 yrs old by September 1: Two Class Options) M-F Morning Class (8:45-11:45am) M-F Full Day (9:00am – 2:30pm) Child Care Schedule (Please Circle) Monday Tuesday Wednesday Thursday Friday None	Kindergarten *Please Circle* (5 yrs old by September 1) School Only (8:30am-2:45pm) Before Care After Care Before & After Child Care

STUDENT INFORMATION (Please print clearly.)

Name of Student:	_____ <small style="display: flex; justify-content: space-between; font-size: 8px;"> First Name Middle Last Name </small>		
Date of Birth:	_____	Gender: () Male () Female	
Address:	_____ <small style="display: flex; justify-content: space-between; font-size: 8px;"> Number and Street Name City State Zip Code </small>		
Language(s) 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:	_____	_____
Cell Phone Carrier: <small>(Please provide a carrier if you would like to receive school text alerts.)</small>	_____	_____
E-mail Address:	_____	_____
Mailing Address: <small>(If different than student)</small>	_____	_____
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	1	2	3	4	Strongly Agree
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 is due upon acceptance/enrollment.
2. The first tuition payment, equal to 10% of your annual tuition, is due by June 1. The remaining monthly tuition payments are due on the **1st of every month** beginning August 1 and ending April 1. 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 MyProcure.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 Procure Family Engagement app.
9. All families will need to register for their Procure billing account after registration at www.myprocure.com.

PARENT AGREEMENT

By signing below, I acknowledge that I have read and understood the above statements and accept the terms for the 2025-2026 school year.

Signature of parent or guardian

Date