



St. Matthew's Early Education Center Summer Child Care 2022

Admission for:	<input type="checkbox"/> Playschool (2 yrs old by June 13)	<input type="checkbox"/> Preschool (finishing preschool)
	<input type="checkbox"/> Pre-Kindergarten (finishing pre-k)	<input type="checkbox"/> Kindergarten (finishing K)

STUDENT INFORMATION (Please print clearly.)

Name of Student:			
	<small>First Name</small>	<small>Middle Name</small>	<small>Last Name</small>
Date of Birth:			Gender: () Male () Female
Address:			
	<small>Number and Street Name</small>	<small>City</small>	<small>State</small> <small>Zip Code</small>

Parent/Guardian A	Parent/Guardian B
-------------------	-------------------

Full Legal Name:		
Cell Phone:		
Cell Phone Carrier: <small>(Please provide carrier if you would like to receive school text alerts.)</small>		
Business Phone:		
E-mail Address:		
Mailing Address: <small>(If different than student.)</small>		

Status of Parents: () Married () Divorced () Single	Applicant lives with:
---	------------------------------

SUMMER SCHEDULES and FEES

June 13 – August 19

M-F <input type="checkbox"/>	MWF <input type="checkbox"/>	T/Th <input type="checkbox"/>
\$2,500	\$1,450	\$950

Summer Procedures

- Please identify the schedule your child will be attending (M-F, MWF or T/Th).
- You are committing to the full, 10-week summer program with a consistent schedule.
- Summer childcare will be closed on Monday, June 20th and Monday, July 4th for the federal holiday as well as Thursday, August 4th for professional development.
- Please notify the office of scheduled absences in writing at eebilling@gmail.com.
- Mandatory health checks will be given each morning prior to drop off.
- Any COVID-related guidelines and new daily procedures will be communicated via email prior to June 13th.

Medical Information

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

If yes, please identify the illness and provide documentation by June 10th.

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

If yes, please provide Medication Authorization paperwork by June 10th.

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.

Prices & Payments

As always, you have the option to miss camp, but there will be no adjustments to tuition. Prepaid tuition is non-refundable.

Registration & deposit: A \$75 nonrefundable registration fee.

Summer Tuition **M-F: \$2,500** **MWF: \$1,450** **T/Th: \$950**

GENERAL INFORMATION

1. A \$75 non-refundable registration fee.
2. Monthly tuition is due by June 10, July 1, and August 1. The total summer cost for your schedule will be broken down over three equal payments.
3. Credit Card payments will be accepted through MyProcare.com. Credit Card payments will include a 2.6% merchant fee.
4. A late fee of **\$10 per day** will be applied to payments not received by the **designated due date**.
5. Your child will not be allowed to attend until tuition is paid.
6. Childcare will be closed on June 20th and July 4th for the holiday and also August 4th for professional development.

PARENT AGREEMENT

By signing below, I acknowledge that I have read and understood the above statements and accept the terms for the Summer Session – 2022.

Signature of parent or guardian

Date

Summer Child Care Permission Forms

SUNSCREEN

I give permission for the staff of St. Matthew's EEC to apply sunscreen to my child's skin anytime my child goes outside. I will provide a bottle of the specific brand I prefer, and I will label it with my child's name.

Parent's Signature:

Date:

I DO NOT give permission for St. Matthew's EEC staff to apply Sunscreen.

Parent's Signature:

Date:

INSECT REPELLANT

I give permission for the staff of St. Matthew's EEC to apply insect repellent to my child's skin if mosquitoes are a problem on the playground or a field trip. I will provide a bottle of the specific brand I prefer, and I will label it with my child's name.

Parent's Signature:

Date:

I DO NOT give permission for St. Matthew's EEC staff to apply bug spray.

Parent's Signature:

Date:

Publicity Release

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

I give my permission to:

_____ Post a picture of my child in an advertisement, article or brochure (names will **not** be used).

_____ Post a picture or video which includes my child on the EEC webpage (first name **may** be posted).

_____ **I do not give permission for my child's image to be published.**

Parent's Signature:

Date: