

# St. Matthew's Early Education Center

14900 Annapolis Road ❖ Bowie, MD 20715

(301) 464-1813 ❖ [www.stmatthews-bowie.org](http://www.stmatthews-bowie.org)

## APPLICATION FOR ADMISSION

Admission for: <b>SCHOOL:</b>	___ Playschool (2 yrs old by Sept. 1) ___ M-F ___ M/W/F ___ T/Th	___ Preschool (3 yrs old by Sept. 1) ___ M/W/F/AM ___ T/TH/AM
	___ Prekindergarten (4 yrs old by Sept. 1) ___ M-F/AM ___ M-F/PM ___ M/W/F/AM ___ M/W/F/PM ___ T/Th	___ Kindergarten (5 yrs old by Sept. 1) ___ before care ___ after care ___ before&after
<b>CHILDCARE:</b>	REQUESTED CHILD CARE DAYS (Please Circle) Monday Tuesday Wednesday Thursday Friday	

### STUDENT INFORMATION

Name of Student: \_\_\_\_\_  
Last Name First Name Middle Name

Nickname: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: ( ) Male ( ) Female

Address: \_\_\_\_\_  
(Number and Street Name) City State Zip Code

Home Phone: \_\_\_\_\_

#### Mother

#### Father

Full legal name: \_\_\_\_\_

\_\_\_\_\_

Occupation: \_\_\_\_\_

\_\_\_\_\_

Employer: \_\_\_\_\_

\_\_\_\_\_

Business phone: \_\_\_\_\_

\_\_\_\_\_

Cell phone: \_\_\_\_\_

\_\_\_\_\_

E-mail address: \_\_\_\_\_

\_\_\_\_\_

Status of parents: ( ) Married ( ) Divorced ( ) Single

Applicant lives with: \_\_\_\_\_

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

If yes, please specify: \_\_\_\_\_

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

If yes, please specify: \_\_\_\_\_

Has the student been diagnosed with any ailment, behavioral disorder or learning, emotional or physical challenge that may or may not impede his/her learning process (i.e. ADD, speech, hearing, vision)? If yes, please provide appropriate documentation. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is there specific information (emotional, social, physical, special interests) you would like to have the teacher know to help your child have a successful year? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Others living in the household (excluding parents) and relationship to applicant, including brothers and sisters:

Name

Date of Birth (if child)

Relationship to Applicant

<u>Name</u>	<u>Date of Birth (if child)</u>	<u>Relationship to Applicant</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

### FIELD TRIP PERMISSION

Permission slips are always sent home prior to a trip. In the event the permission slip is not returned to school, signing 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 teacher and director.

\_\_\_\_\_  
(Signature) (Date)

### PARENT AGREEMENT

I agree to abide by the regulations stated in the Parent Handbook and policies approved by the EEC Board. I hereby release St. Matthew's Early Education Center from any and all injuries which my child may sustain as a result of his/her participation in activities at St. Matthew's Early Education Center.

By signing below, I agree to pay the published tuition amount on time. I understand there are late charges associated with delinquent payments. I acknowledge that the registration fee and prepaid tuition are non-refundable.

\_\_\_\_\_  
Signature of parent or guardian Date

Registration fees: \$100.00 - Playschool, Preschool or Prekindergarten  
(non-refundable) \$160.00 - Kindergarten

Family discounts available.