

Saint Matthew's Parish Day School

5901 36th Avenue • Hyattsville • Maryland 20782

Application for Enrollment 2018-2019

Child's Name: _____

Street Address: _____ Home Telephone: _____

City: _____ Zip Code: _____

Birth Date: _____ Male: _____ Female: _____

Name of Father: _____ Business Phone: _____

Name of Mother: _____ Business Phone: _____

Email Address: _____ (father) _____ (mother)

In Case of Emergency, call:

<u>Name</u>	<u>Relationship</u>	<u>Telephone:</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Religious Affiliation: Father _____ Mother _____

Class Desired

___ 2 - 3 year old class Mon-Wed-Fri ___ Tue-Thurs ___ Mon-Fri ___

___ 3 - 4 year old class Mon-Wed-Fri ___ Tue-Thurs ___ Mon-Fri ___

___ Pre-Kindergarten (must be 4 by
September 1st)

Before / After Care? Yes ___ No ___

Please fill in the following information. If a change should occur during the year, please notify your child's teacher.

1. I will be able to help with field trips and other school activities. _____

2. Other children in the family Yes _____ No _____

Names of children _____ Age _____

_____ Age _____

_____ Age _____

Does your child have any special needs? Yes _____ No _____

If yes, please explain:

Do you have any comments or information about your child that you wish to share with us?

Upon notification of acceptance, the first month's tuition will be due to hold a space for your child. Unless this deposit is received, your place in the preschool is not guaranteed.

A non-refundable application fee of \$75 must accompany this application.

I have read the above information, and upon acceptance to the school agree to follow these policies.

Parent's Signature _____

Date _____

Return to: St. Matthew's Parish Day School, 5901 36th Avenue, Hyattsville, MD 20782

If you have any questions please contact Lynn Adams
at stmatthewspds@gmail.com or 301-559-1100.