

St. Matthew's Parish Day School

5901 36th Avenue, Hyattsville, MD 20782
 301.559.1100 director.smpds@gmail.com

2020-2021 Enrollment Application

Child's Full Name _____

Nickname (if any) _____ Date of Birth _____

Child's Address _____

Desired Start Date _____

Circle Desired Days and Hours M T W R F

2- and 3-year-olds Preschool 9:00 to 12:00 Before Care 7:30-9:00 After Care 12:00-6:00 Full Day

Pre-K (must be 4 years old by Sept. 1) 9:00 to 2:00 Before Care 7:30-9:00 After Care 2:00-6:00 Full Day

Parent/ Guardian #1 (Circle one)

Full Name _____

Day Time Phone Number(s) _____

Email Address _____

Parent/ Guardian #2 (Circle one)

Full Name _____

Day Time Phone Number(s) _____

Email Address _____

Enrollment fee of \$75 per child or \$100 per family due with enrollment application

For Office Use Only	Date Received	2s	3s	PK	9 Month	12 Month
	Age as of Sept. 1	Before	After	All Day	\$75	\$100

