

**ST. MATTHEW'S EPISCOPAL SCHOOL
PRESCHOOL REGISTRATION FORM 2007-2008**

St. Matthew's Episcopal School is an NAEYC accredited program. St. Matthew's offers a quality program for children 2 years of age through Kindergarten. Some of the advantages offered by our school are experienced teachers, small classes, convenient hours, concern for each child's individual learning needs and a wide variety of equipment and experiences stimulating to the preschool/Kindergarten child.

The St. Matthew's School Board plans its budget on the basis of the number of children enrolled for the full 9 month school year. If you enroll your child, he/she is expected to attend the school from September through May.

In order for children to be eligible for our 3 day 2 or PreKinder class (Monday – Friday) they need to be 3 and 5, respectively by March 1, 2008.

Lunch bunch for the morning classes are offered Monday - Friday from 12:00 noon - 1:00 P.M. The **monthly** cost of lunch bunch is as follows:

Monday:	\$15.00
Tuesday:	\$15.00
Wednesday:	\$15.00
Thursday:	\$15.00
Friday:	\$15.00

ALL registration and curriculum/usage fees are NON-REFUNDABLE. Registration fees are used to cover the cost of Student Accident insurance, Accreditation fees, summer salaries, and playground and classroom upkeep and parent council fees for the new school year.

AM Classes. The following classes will be offered from 9:00-12:00 P.M. on the days specified:

	<u>TUITION</u>	<u>REGISTRATION</u>	<u>CURRICULUM/USAGE FEE</u>
2 day 2's (TTh, WF)	\$225.00	\$100.00	\$125.00
3 day 2's (MWF)	\$245.00	\$100.00	\$125.00
3 day 3's (MWF, MTTH)	\$255.00	\$100.00	\$140.00
PreKinder 4's (MWF)	\$270.00	\$100.00	\$150.00
PreKinder 4's (T-F)	\$305.00	\$100.00	\$160.00
PreKinder 4's (M-F)	\$350.00	\$100.00	\$180.00

ST. MATTHEW'S EPISCOPAL SCHOOL REGISTRATION 2007-2008

Student's Name _____ Registration Fee \$ _____

Class Requested: 1st choice _____

Birthdate _____ Age as of 9/1/07 _____

First Names of Parents (Last name if different from child's) _____

Address _____ Zip _____ Phone _____

Cell Phone _____ (Mother's) _____ (Father's)

For Office Use

Date registration received _____ Amount paid \$ _____ Check # _____