

St. Matthew's Early Education Center

Summer Child Care 2019

Admission for:	<input type="checkbox"/> Playschool (2 yrs old by start date)	<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:	<div>First Name</div> <div>Middle Name</div> <div>Last Name</div>	
Date of Birth:		Gender: () Male () Female
Address:	<div>Number and Street Name</div> <div>City</div> <div>State</div> <div>Zip Code</div>	
Parent/Guardian A		Parent/Guardian B
Full Legal Name:		
Cell Phone:		
Business Phone:		
E-mail Address:		
Mailing Address: (If different than student.)		
Status of Parents:	() Married () Divorced () Single	Applicant lives with:
Anticipated Schedule		
Please identify each week and the days your child will be attending. Changes may be made to this schedule up to the 20 th of the preceding month. You must notify us of any changes in writing at eecbilling@gmail.com		
Week	Theme	Days
June 1	TUITION DUE FOR JUNE	
June 17-21	I'm Me and You are You	M T W Th F
June 24-28`	I Know a Chicken!	M T W Th F
July 1	TUITION DUE FOR JULY	
July 1-3 (closed July 4 & 5)	Super Hero	M T W no no
July 8-12	Me and My Energy!	M T W Th F
July 15-19	The Stars are Shining	M T W Th F
July 22-26	I'm a Mess!	M T W Th F
August 1	TUITION DUE FOR AUGUST and SCHOOL YEAR	
July 29 - August 2	What is the Color of My Dreams?	M T W Th F
August 5-9 (closed August 8 for PD)	We Are the Dinosaurs	M T W no F
August 12-16	Magic Box	M T W Th F
August 19-23	Song in My Tummy	M T W Th F

Medical Information

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

If yes, please provide documentation by the start of camp.

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

If yes, please provide documentation by the start of camp.

Prices & Payments

In a MAJOR POLICY CHANGE from previous years, you must declare your child's attendance by the 20th of the preceding month. Please choose the days AND weeks you plan to attend. As always, you have the option to miss camp, but we will not adjust your tuition. Prepaid tuition is non-refundable.

Registration & deposit: A \$50 nonrefundable registration fee.

Child Care Ages 2-6: \$225 per week *or* \$50 per day

GENERAL INFORMATION

1. A \$50 non-refundable registration fee.
2. Monthly tuition is due on the 1st of every month beginning June 1 and ending August 1.
3. A late fee of **\$5 per day** will be applied to payments not received by the **2nd of the month**.
4. Your child will not be allowed to attend camp until tuition is paid.
5. Camp will be closed on July 4-5 for the holiday and August 8 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 – 2019.

Signature of parent or guardian _____

_____ Date

OPTIONAL TEE SHIRT ORDER

If you register before **May 15**, you may order a tee shirt for your child for an additional \$12.
Please circle the size shirt you would like to order.

YOUTH sizes

XS S M L XL



Summer Child Care Permission Forms

Student Name:

WALKING FIELD TRIPS

During Summer Session, preschoolers, prekindergarten and kindergarten students may be walking to Bowie Library, Bowie High School Fields, and St. Pius X Playground. You will be notified on a weekly basis through a classroom newsletter as to the location, dates, and times of the scheduled field trips. Please fill out the field trip permission form. It is applicable for field trips throughout the summer.

My child has my permission to attend the above field trips with St. Matthew's Early Education Center. I understand the arrangements, and I agree that the necessary precautions and plans will be taken for the care and supervision of the children.

Parent's Signature:

Date:

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:

INSECT REPELLANT

I give permission for the staff of St. Matthew's EEC to apply insect repellant 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:

_____ Sunscreen

_____ 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.**