

Saint Matthew School
1 Fallon Ave.
Wilmington, DE 19804
Telephone and Fax
302-633-5860
www.saintmatthewsparish.org

REGISTRATION FOR EARLY CHILDHOOD & KINDERGARTEN PROGRAMS

Principal: Mr. Bernard J. Fisher
Office Staff: Mrs. Ann Marie Wilber and Mrs. Mary Bullen

Thank you for considering Saint Matthew School as an education choice for your child. Saint Matthew School does not discriminate on the basis of race, color, sex, and national or ethnic origin in its admission policies or the administration of its educational programs.

We offer a Montessori based half-day or a full day program in our Early Childhood Center for 3 and 4 Year Olds.

Our Kindergarten program is housed in the main school building and follows the diocesan guidelines for its curriculum.

Age Requirements:

Preschoolers must be 3 or 4 by August 31, 2010.

Kindergarteners must be 5 by August 31, 2010.

(This is a Delaware state-mandated age requirement for entrance into school.)

Acceptance Policy: When openings occur and readiness for that grade has been assured, the following order is used in admitting students:

Siblings of students enrolled at St. Matthew School

Active St. Matthew parishioners (at least 1 year as a regular contributor)

Non-parishioners NEW to St. Matthew School

All 4 year olds entering our Kindergarten Program are required to participate in the Childfind Screening Program. Testing is scheduled for **Thursday, February 18, 2010** at our Early Childhood Center. If a family misses the screening, it is the family's responsibility to reschedule the screening at another site by calling the Childfind Offices at 995-8568.

Students new to our Kindergarten program will be screened by our Kindergarten Teachers. That screening is scheduled for **Tuesday, March 9, 2010**.

Acceptance letters will be sent out at our earliest possible date to all those children we are able to include in next year's program. At that time, further information will be provided regarding tuition, school hours, transportation, lunch and extended day care.

FAMILY HISTORY

FATHER'S NAME _____ PLACE OF BIRTH _____

ADDRESS _____ HOME PHONE _____

FATHER'S RELIGION _____ REGISTERED PARISH _____

HIGHEST EDUCATIONAL LEVEL _____ MAJOR STUDY _____

OCCUPATION _____ BUSINESS PHONE _____

EMPLOYER _____ ADDRESS _____

FATHER'S E-MAIL ADDRESSES _____ CELL PHONE _____

MOTHER'S MAIDEN NAME _____ PLACE OF BIRTH _____

MOTHER'S RELIGION _____ REGISTERED PARISH _____

HIGHEST EDUCATION LEVEL _____ MAJOR STUDY _____

OCCUPATION _____ BUSINESS PHONE _____

EMPLOYER _____ ADDRESS _____

MOTHER'S E-MAIL ADDRESS _____ CELL PHONE _____

NATURAL PARENTS MARITAL STATUS: ___ MARRIED ___ SEPERATED ___ DIVORCE
IF SEPERATED OR DIVORCED WHAT IS THE CUSTODIAL ARRANGEMENT:

PLEASE INDICATE WHO SHOULD RECEIVE MAILINGS FROM THE SCHOOL FOR THIS CHILD.
____ ADDRESS ON THE FRONT OF THE FORM
____ FATHER'S ADDRESS ____ MOTHER'S ADDRESS (If separated or divorced)

PLEASE INDICATE THE NAME OF THE PERSON (S) RESPONSIBLE FOR TUITION OR OTHER FINANCIAL OBLIGATIONS FOR THIS CHILD OTHER THAN PARENTS:

NAME _____ ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE _____

BROTHERS AND SISTERS OF REGISTREE (Please list Oldest to Youngest)

Name	Birthdate	School Attending	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

OTHER HOUSEHOLD MEMBERS:

Name	Relationship to the Child
_____	_____
_____	_____
_____	_____

SIGNATURE OF ENROLLING PARENTS/GUARDIANS