

**Registration Form for Preschool Students  
St. Matthew's Summer Session 2008**

Child's Name \_\_\_\_\_

Gender \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_

Present School (if applicable) \_\_\_\_\_

Grade/ Class \_\_\_\_\_

E-mail Address \_\_\_\_\_

The Summer Preschool Program runs Monday through Thursday mornings from 8:30 – 11:30 a.m. Students may attend the morning session for all five weeks or two weeks. There is no afternoon program at the preschool grade levels. Preschool Fees are as follows:

The Summer Preschool Program is open to all age-eligible children, whether they attend St. Matthew's or whether they attend another preschool program during the regular school year.

Session Selection:

Carefully check the appropriate box for the session attending

- Five Weeks: June 23 – July 24 \$795
- Session #1: June 23 – July 11 \$515
- Session #2: July 14 – July 24 \$395

Please make checks payable to ST. MATTHEW'S PARISH SCHOOL for the full amount: \$\_\_\_\_\_, which includes a \$100 non-refundable processing fee. A student will receive a full refund (less the \$100.00 non-refundable deposit) when withdrawing 4 weeks or more prior to the opening date of summer school. Withdrawals during the 4 weeks prior to the opening of school will receive a 50% refund. No refunds whatsoever can be made for withdrawals within, or after, the opening day of the school session the student attends. Earliest dated applications will receive preference. St. Matthew's preschool students enrolled for the regular fall program will receive preference until April 28, 2008.

I have read and agree to the above: \_\_\_\_\_

Please return this form and your tuition to: St. Matthew's Summer Session  
Attn: Heather Souza  
P.O. Box 1710  
Pacific Palisades, CA 90272

**St. Matthew's Summer Session  
Student Information & Health Form**

**Please complete the Following for Summer School  
Student Information**

Full name:	Grade:
Address:	Birthdate:
City:	Home Phone:
State:	Home Fax #:
Father's First Name:	Mother's First Name:
Father's Work Phone:	Mother's Work Phone:
Father's Car Phone:	Mother's Car Phone:
Email address:	Pager #:

**Emergency/Medical Information**

Emergency Contacts:	Emergency Phones:
Nanny's Name:	Nanny's Phone:
Physician:	Physician Phone:
Dentist:	Dentist Phone:
Insurance Carrier:	Policy #:
Allergies:	Treatment/Medication:
Chronic Conditions:	

**Authorization/Consent Form For Medical Treatment**

- I hereby authorize and give my consent to St. Matthew's Parish School and/or to any member of its faculty or staff to permit emergency medical treatment or surgical care for the above named child or ward during school hours or at such other time as my child or ward shall be under the direction of St. Matthew's Parish School and/or any member of its faculty or staff. I understand that a reasonable attempt will be made to contact me by telephone when such action is taken. All emergency medical and surgical express will be borne by me and/or my spouse.
- My child MAY/MAY NOT have TYLENOL as needed during school hours.  
(Please circle your preference)

**Disaster Preparedness/Release Authorization**

- In the event of a natural disaster, I authorize St. Matthew's Parish School to release my child to any St. Matthew's School parent.
- In the event of a natural disaster, my child may be released to the people listed below. (Please list names.)

\_\_\_\_\_  
Signature of Parent or Guardian for all authorizations

\_\_\_\_\_  
Date