ST. MATTHEW'S DAY SCHOOL REGISTRATION FORM 2025-2026

Date _____

Please PRINT clearly.

Child's Name _____ Nickname _____ Gender ____ Birthdate _____

Address _____ City _____ Zip _____

Primary contact parent/guardian _____ Relationship _____

Address _____ Primary phone _____

Email _____ Alternate phone_____

Secondary contact parent/guardian _____ Relationship _____

Address _____ Primary phone _____

Email _____ Alternate phone _____

Local emergency contact persons other than Parents/Guardians (Required):

Name _____ Relationship _____ Phone_____

Name_____ Relationship _____ Phone_____

Please list persons, *other than those listed above*, who have your permission to pick up your child from school.
If there is a legal custody agreement or there are individuals who are PROHIBITED from contact with your child, register that information at the office and inform your teacher.

Name _____ Relationship_____ Phone # _____

Name _____ Relationship _____Phone # _____

Child care provider, if applicable _____ Phone _____

Doctor _____ Phone _____

Known Allergies _____ Epi-Pen? Yes _____ No _____

Describe health problems that may affect participation in normal activities. Be sure to discuss this with the director.

If you have a suggestion or request for classroom placement, you may indicate it below. However, it is not always possible to grant requests for reasons including, but not limited to, teacher schedule or availability, age, or gender distribution in classes.

Please check class requested:

T/Th ___ MWF ___ M-Th ___ M-F ___ M-F Full Day 9am-3pm

If requesting Lunch Bunch, please check days:

M ___ T ___ W ___ Th ___ F ___

Family new to the Day School? Y ___ N ___

Child new to the Day School? Y ___ N ___