



Saint Demetrios Pre-School

FAITH · EDUCATION · FAMILY

2504 Cub Hill Road, Baltimore, Maryland 21234
410-661-1090 Ext. 204 / sdpreschool@comcast.net

Application for Enrollment 2019-2020 School Year

Full Day - 8:30 am to 3:30 pm

½ Day - 8:30 am – 12:30 pm (includes lunch time)

Extended Day – 12:30 pm – 3:30 pm

Before and After Care Available from 7:30 am to 8:30 am and 3:30 pm to 5:30 pm

****Separate Registration and Payment Fees***

Child's Full Name: _____

(Please check the class in which you wish to enroll your child:)

2 Year Old Program (*Play School 8:30 am-12:30 pm*)

(Child must turn 2 by Sept. 1st)

Please select one:

- ___ 5 Days AM ONLY
- ___ 5 Full Days
- ___ 4 Days AM ONLY
- ___ 4 Full Days
- ___ 3 Days AM ONLY
- ___ 3 Full Days

3 Year Old Program (*Pre-School 8:30 am-12:30 pm*)

(Child must turn 3 by Sept. 1st or be tested)

Please select one:

- ___ 5 Days AM ONLY
- ___ 5 Full Days
- ___ 4 Days AM ONLY
- ___ 4 Full Days
- ___ 3 Days AM ONLY
- ___ 3 Full Days

4 Year Old Program (*Pre-Kindergarten 8:30 am-12:30 pm*)

(Child must turn 4 by Sept. 1st or be tested)

Please select one:

- ___ 5 Days AM ONLY
- ___ 5 Full Days
- ___ 4 Days AM ONLY
- ___ 4 Full Days
- ___ 3 Days AM ONLY
- ___ 3 Full Days

***** Tuition will be paid through the FACTS Tuition Management Services or paid in full by August 31st*****

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CHILD'S INFORMATION

Name: Last _____ First _____ Middle _____

Name you want your child to be called: _____ Male/Female D.O.B _____

Has your child attend school before? ____ Where? _____

Inclusion Policy: We will accept ALL children with disabilities and special Health Care needs (ADA).
Does your child have a specific health care need/disability? Y/ N Explain:

Has your child been evaluated through the Infant & Family Service Plan/Child Find? Y/ N Does your child receive outside services and/or has IEP: Y/N If Yes, Where/When? _____

We request you share a copy of the IEP/IFSP for our records to better serve your child(ren)

FAMILY INFORMATION

Father's Name: _____

Employer: _____

Mother's Name: _____

Employer: _____

Home Address: _____

City/State/Zip: _____

Home Phone: _____ **Cell Phone:** _____

Primary Email Address(s): _____

Primary Language Spoken at Home: _____

Current Steward of Saint Demetrios Church (\$500.00 or more): ____ Yes ____ No

Other Church Membership: _____

Parent Signature(s): _____

*A non-refundable registration fee of \$100.00 is due upon registering your child.
This registration fee will NOT be applied to the 2019-2020 school year tuition.*

For office use only:

Registration Fee Paid: Date: _____ Amount: _____ Check # _____