



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 2017-2018 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. 1<sup>st</sup>)

**Please select one:**

- \_\_\_ 5 Days AM ONLY
- \_\_\_ 5 Full Days
- \_\_\_ 4 Days AM ONLY
- \_\_\_ 4 Full Days
- \_\_\_ 3 Days AM ONLY
- \_\_\_ 2 Days AM ONLY **\*\*2's Class only\*\***

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

(Child must turn 3 by Sept. 1<sup>st</sup> or be tested)

**Please select one:**

- \_\_\_ 5 Days AM ONLY
- \_\_\_ 5 Full Days
- \_\_\_ 4 Days AM ONLY
- \_\_\_ 4 Full Days
- \_\_\_ 3 Days AM ONLY

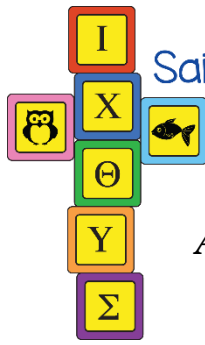
### **4 Year Old Program** (*Pre-Kindergarten 8:30 am-12:30 pm*)

(Child must turn 4 by Sept. 1<sup>st</sup> or be tested)

**Please select one:**

- \_\_\_ 5 Days AM ONLY
- \_\_\_ 5 Full Days
- \_\_\_ 4 Days AM ONLY
- \_\_\_ 4 Full Days
- \_\_\_ 3 Days AM ONLY

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



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### CHILD 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? \_\_\_\_\_

Has your child been evaluated through the Infant and Toddler Program? Y/ N Does your child receive outside services and/or has IEP : Y/N If Yes, Where/When? \_\_\_\_\_

### 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 2017-2018 school year tuition.*

**For office use only:**

Registration Fee Paid: Date: \_\_\_\_\_ Amount: \_\_\_\_\_ Check # \_\_\_\_\_