

St. Matthew Community
 Preschool
 555 E 12th St.
 St. Charles, MN 55972
 Phone: (507)932-4223
 E-Mail: smcpreschool@yahoo.com



* Please also turn in a Current Immunization form and Current Health Summary no later than the first day of school. Your child will not be allowed to attend the first day of school without them! (Returning students with current Immunization form and Health Summary on file please disregard.)

2025-2026
St. Matthew Community Preschool
Registration Form

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Birthday _____ AM Class _____ PM Class _____

 Last Name First Name Middle Name

 Preferred Name Person Child Lives With Primary e-mail

 Mother's Last Name First Name Middle Name

 Home Address City State Zip Home Phone

 Mother's Employer Work Phone Other Phone (Cell, Pager)

 Father's Last Name First Name Middle Name

 Home Address City State Zip Home Phone

 Father's Employer Work Phone Other Phone (Cell, Pager)

Marital Status ___ Married ___ Single ___ Divorced ___ Widowed ___ Separated
 Joint Custody Info _____ Permission to pick up? _____

Name and Age of Siblings: _____ Preferred Method of Communication:
 _____ (please include phone number or e-mail you would primarily like us to use)

 _____ E-mail: _____
 _____ Phone: _____

DIRECTOR AM PM
 RETURNING STUDENT YES NO
 PERMISSION TO ACT IN EMERGENCY YES NO
 PHOTO RELEASE YES NO
 PERMISSION TO PUBLISH YES NO
 BUDDY BAG YES NO
 WALKING PERMISSION YES NO

FOR OFFICE USE ONLY

DATE RECEIVED _____
 REGISTRATION FEE _____
 IMMUNIZATION _____
 HEALTH SUMMARY _____
 TRANSPORTATION REQUEST _____
 TRANSPORTATION POLICY _____
 T-SHIRT SIZE _____

PHOTO RELEASE STATEMENT

I hereby grant St. Matthew Community Preschool rights to use and publish pictures and other media used to capture my child's likeness, or in which my child may be included in whole or in part. I also consent to the use of any printed matter in conjunction therewith.

I give permission for my child to be in photographs/video for the school website, Facebook, and newspaper as part of St. Matthew Community Preschool.

I hereby release St. Matthew Community Preschool and their legal representatives from any liability.

I also authorize alterations, optical illusions, or use in composite form or otherwise, that may occur or be reproduced in the taking of said photographs or in any subsequent processing thereof, as well as any publication thereof at all.

I do realize my child is being photographed and do give permission to St. Matthew Community Preschool to do this freely and in good will.



Signature Relationship Date

PERMISSION TO PUBLISH PHONE & ADDRESS

I give permission for my child's address and phone number to be published on a class roster and distributed to preschool families ONLY.



Signature Relationship Date

Please respect the intention that class rosters are for preschool use only (play dates, carpools, etc.). Our rosters are distributed to preschool families only. If there are any changes to your roster information, please let us know as soon as possible.



** All Enrolled Preschoolers will receive a St. Matthew Community Preschool T-Shirt

T-SHIRT SIZE (please circle): YOUTH SIZE XS S

AUTHORIZED RELEASE AND EMERGENCY CALL LIST

In the event that we are unable to reach you, in case of illness or emergency, please list in order the people you want us to contact to pick up your child. **You *must* have at least two names and numbers listed.**

We only release (dismiss) your child to a parent or those authorized in writing by their parents. We reserve the right to ask for identification at anytime of anyone.

The following person(s) may pick up my child from Preschool in my absence:

1. _____
Name Relationship Phone

Address

2. _____
Name Relationship Phone

Address

3. _____
Name Relationship Phone

Address



Signature Date

****PLEASE KEEP US INFORMED OF ANY ADDRESS AND/OR PHONE CHANGES SO THAT WE CAN UPDATE YOUR CHILD'S RECORDS.**

HEALTH INFORMATION

Child's Doctor _____ Phone _____

Address _____

Child's Dentist _____ Phone _____
(if not applicable, write "none")

Address _____

Allergies _____

I hereby give permission for members of the staff of St. Matthew Community Preschool to seek emergency medical treatment (911 St. Charles Fire & Rescue) for my child in the event I cannot be contacted.



Signature Date

How did you learn about our preschool?

Are you new to this area? YES ____ NO ____

How long have you lived here? _____

Has your child had any preschool experience? YES ____ NO ____

Where _____

What would you like us to know about your child?

SCHOOL TUITION PAYMENTS

School Name: *St. Matthew Community Preschool*

Street Address: *555 E 12th St.*

City: *St. Charles*

State: *Minnesota*

Zip Code: *55972*

(a) Non-refundable Reg. Fee \$ 50.00

(b) Total Annual Tuition \$1,575.00

(c) Amount of first payment \$ 350.00

(c) Amount of each payment after \$ 175.00

(d) Number of payments 8

(Sept and May tuition are due the 1st day of school)

(e) *Transportation Fee per month \$ 50.00

(f) *Number of transportation fee payments 9

*If applicable

Registration Amount: \$ _____

Paid by: _____

Check #: _____

First & Last Month's Tuition Amount: \$ _____

Check #: _____



St. Matthew Community Preschool

Bus Transportation Request

PRESCHOOL TRANSPORTATION REQUEST FOR _____ (Student)

Note: Priority for requests will be given on a "first come, first served" basis in regards to number of seats available on the bus, for in town stops, and by necessity of transportation over convenience. Please complete the following bus transportation form and return it to St. Matthew Community Preschool. If you have any questions, please call 507-932-4223 or e-mail at smcpreschool@yahoo.com.

Class Assignment (Please Circle): AM PM

Students Birth Date: _____

All preschoolers must be in a Child Restraint System

Please check the appropriate box and fill in the corresponding address(es) below:

Bus Transportation Fee: \$50.00

Note: An added surcharge may be applied to the monthly bus fee if gasoline remains above \$4.00/gal for an extended period of time.

- One-way transportation
 Two-way transportation

Student Name: _____

Home Address: _____

Parent/Guardian Name: _____

Phone: _____ Alternate Phone: _____

E-mail address: _____

Pick up address

Address: _____

Child Care provider name: _____

Phone: _____ Alternate Phone: _____

Drop off address

Address: _____

Child Care provider name: _____

Phone: _____ Alternate Phone: _____

Special Information: _____

This form needs to be completed and returned to:

St. Matthew Community Preschool
555 E 12th Street
St. Charles, MN 55972

Level of priority for needing bus transportation (choose one):

_____ convenience

_____ necessity