



**St. Matthew's Catholic School**  
**1773-0010 Blanding Blvd.**  
**Jacksonville, FL 32210**  
**904-387-4401**

**New Family**

**2017-2018 Check Lists**

1. \_\_\_\_\_ Registration Fee \$300.00 (Early registration \$250.00 by February 10<sup>th</sup>, 2017)
2. \_\_\_\_\_ Parent/Guardian Information Form
3. \_\_\_\_\_ Student Information Form (one for each student)
4. \_\_\_\_\_ Copy of Student's Baptism Certificate (If Catholic)
5. \_\_\_\_\_ Copy of Student's Birth Certificate
6. \_\_\_\_\_ Health form and HRS form # DH680 filled out by doctor's office.

*\*Please note if you have a student entering: Kindergarten- must have 5<sup>th</sup> DTP/DTAP/DT/TD, 4<sup>th</sup> Polio, 2<sup>nd</sup> MMR, Hepatitis series and Varicella 7<sup>th</sup> grade they must have their TD Booster and Hepatitis Series before the start of school.*

7. \_\_\_\_\_ Signed Registration Agreement

**Voluntary Pre K (VPK) 4 year Old Student Families Only**

1. \_\_\_\_\_ Child Eligibility and Enrollment Certificate
2. What time will your student be picked up by?
  - \_\_\_\_\_ 11:00 am \_\_\_\_\_ 2:55 pm \_\_\_\_\_ 6:00 pm
3. \_\_\_\_\_ Attendance Policy/ Daily Attendance Record
4. \_\_\_\_\_ Additional hours fee \$200.00\* see VPK information
5. The \$300 registration fee is included in VPK funding of 540 hours

**Student Information**

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Entering Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Male \_\_\_ Female \_\_\_

Home Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Primary Email Address: \_\_\_\_\_

Religion: \_\_\_ Catholic \_\_\_ Non-Catholic \_\_\_\_\_

Race: \_\_\_ Caucasian \_\_\_ African-American \_\_\_ Asian \_\_\_ Hispanic \_\_\_ other \_\_\_\_\_

Ethnicity: \_\_\_ Hispanic \_\_\_ Non Hispanic

Language or languages spoken by Student \_\_\_\_\_

Language spoken at home: \_\_\_\_\_

Child lives with: \_\_\_ Both Parents \_\_\_ Mother \_\_\_ Father \_\_\_ Other (explain) \_\_\_\_\_

School Presently Attending: \_\_\_\_\_

<b>Has your child been diagnosed with any of the following?</b>	
Physical disabilities: ____ Yes: _____ ____ No	Special medical needs (including ADD/ADHD and/or anxiety adjustment disorders) ____ Yes: _____ ____ No
Academic learning disabilities ____ Yes: _____ ____ No	Has a psychological education evaluation been administered? ____ Yes: _____ ____ No
Allergies – ____ Yes: _____ ____ No  If yes is an epipen required Yes _____ No _____	Is your child currently taking any medications? ____ Yes: _____ ____ No
Does your child have an IEP or a 504? ____ Yes: _____ ____ No	Does your student qualify for: ____ McKay Scholarship ____ Step Up for Students Scholarship ____ VPK ____ Parishioner Scholarship ____ None

**Parent / Guardian Information**

**Parent / Guardian's Name:** \_\_\_ Father \_\_\_ Mother \_\_\_ Guardian \_\_\_\_\_

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

**Home Address:** (If different from Student) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Phone Home #:** \_\_\_\_\_ **Office:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**For school information and financial statements:**

**Primary E-Mail Address:** \_\_\_\_\_

**Alternate E-Mail Address:** \_\_\_\_\_

**Education:** \_\_\_ High School \_\_\_ Some College \_\_\_ Associates \_\_\_ Bachelor \_\_\_ Masters \_\_\_ Doctorate

**Marital Status:** \_\_\_ Single \_\_\_ Married \_\_\_ Separated \_\_\_ Divorced \_\_\_ Lives with student \_\_\_ Does not live with student

**Occupation** \_\_\_\_\_

**Parent / Guardian's Name:** \_\_\_ Father \_\_\_ Mother \_\_\_ Guardian \_\_\_\_\_

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

**Home Address:** (If different from Student) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Phone Home #:** \_\_\_\_\_ **Office:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**For school information and financial statements:**

**Primary E-Mail Address:** \_\_\_\_\_

**Alternate E-Mail Address:** \_\_\_\_\_

**Education:** \_\_\_ High School \_\_\_ Some College \_\_\_ Associates \_\_\_ Bachelor \_\_\_ Masters \_\_\_ Doctorate

**Marital Status:** \_\_\_ Single \_\_\_ Married \_\_\_ Separated \_\_\_ Divorced \_\_\_ Lives with student \_\_\_ Does not live with student

**Occupation** \_\_\_\_\_

**Emergency Contacts Authorized to pick up student:** List at least three (other than previously listed)

1. Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Other: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Other: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Other: \_\_\_\_\_

**2017 - 2018  
St. Matthew's Catholic School**



**Florida Voluntary Pre K (VPK) 4 year olds**

Children who are residents of Florida and are 4 years old by September 1 are eligible to participate in the VPK program. Parents must apply at <http://www.vpkflorida.org>. Space is limited and based on availability. The registration forms and required documents must be submitted to St. Matthew Catholic School (SMCS) before class is full to secure a position.

The VPK program offers 540 instructional hours (7:45 - 11:00am - 166 days). St. Matthew's Pre K program is 585 hours (180 days) of instructional time. There is a fee of \$200, for the additional hours offered, that is due at time of registration. Families opting out of the additional hours may withdraw their student on May 11<sup>th</sup>, 2018 and redeem the \$200 fee at that time.

Registration and resource fees do not apply to students with a VPK:

Child Eligibility and Enrollments Certificate

<b>VPK Instructional Hours 7:45 - 11:00 am</b>		
<b>Stay and Play Options</b>	<b>Daily Rate</b>	<b>Monthly Rate</b>
11:00 am to 2:55 pm	\$20.00	\$200.00
11:00 am to 6:00 pm	\$30.00	\$300.00



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**Voluntary Pre K (VPK) 4 year Old Student Families Only**

**VPK Attendance requirements:**

1. Children must arrive in the VPK classroom by 7:45 am daily.
2. Children must be in attendance until 11:00 a.m. daily.
3. Parents must call the school office 904-387-4401 if your child is going to be late or absent.
4. A doctor's note is required if a child misses more than 3 consecutive days per month for illness.
5. Parents must sign an attendance verification form provided by the school each month.
6. Parents arriving after 11:00am will be charged the applicable stay and play rate.
7. Families who do not meet the VPK attendance requirements are subject to withdrawal per the Early Learning Coalition guidelines.

**I understand and accept the terms of the VPK attendance policy.**

Parent Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_



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**Voluntary Pre K (VPK) 4 year Old Student Families Only**

Parental Certification for Voluntary Pre-K Student Attendance at:  
St. Matthew's Catholic School

I affirm that I have given permission for the teachers of my child to act as my representative in recording and signing the daily attendance record for:

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(Print student name)

I will be provided a student attendance form and will sign and return it once a month.

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(Print parents/guardian name)

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(Signature of parent/guardian)

(Date)