



101 St. Matthew's Lane
Spartanburg, SC 29301
864-576-0424 Ext. 2
headofschool@stmatthewsepisopal.org

Child Enrollment and Information

_____ Please provide a current immunization record on a SC DHEC form.

Child's Legal Name _____ Nickname (if any) _____

Child's Current Home Address _____

Home Phone _____ Birth Date ____/____/____ Date of Enrollment ____/____/____

Parent/Guardian Name _____ Parent/Guardian Name _____

▲ Primary Email Addresses for Each ▲

Please indicate below the weeks you are registering for: **2026 St. Matthew's Summer Camp**

- | | |
|---|---|
| <input type="checkbox"/> May 26–29: Let's Get Physical | <input type="checkbox"/> June 29–July 3: <i>4th of July–No Camp Program</i> |
| <input type="checkbox"/> June 1–5: Art Gallery Extravaganza | <input type="checkbox"/> July 6–10: Travel Around the World |
| <input type="checkbox"/> June 8–12: Space: Up, Up and Away | <input type="checkbox"/> July 13–17: The Show Goes On |
| <input type="checkbox"/> June 15–19: Jesus the Carpenter | <input type="checkbox"/> July 20–24: Let's Camp Out |
| <input type="checkbox"/> June 22–26: Exploring Animal Ecosystems | <input type="checkbox"/> July 27–31: STEAM |

Enrollment Agreement

I agree that by enrolling my child in the St. Matthew's Preschool Program, I will be responsible for the expenses of the Preschool Program (August-May), and/or the Summer Program (June-August) if I choose to enroll my child in that program. Enrollment fees are non-refundable. Tuition is based on the program you choose and divided into convenient monthly payments; tuition can be paid in full or part for the year as well.

I agree that it is my responsibility to inform the Director of the Preschool if unable to keep this commitment for the full program. I will be responsible for the payment of tuition, unless other payment arrangements have been made and approved by the Director.

X _____
Signature

Date _____

X _____
Signature

Date _____

Child's Name _____

Preschool Year _____

Photograph Authorization

I, _____(Parent/Guardian) give permission for St. Matthew's Episcopal Church Preschool to **photograph** my child, (name)_____ for the following purposes *(please check all that apply)*:

- Still photographs.
- Display in St. Matthew's Episcopal Church & Preschool personal scrapbook.
- Display in St. Matthew's scrapbook or bulletin boards.
- Display still photos on St. Matthew's Episcopal Church & Preschool website.
- Display still photos on St. Matthew's Episcopal Church & Preschool Facebook page.
- Use still photos in promotional materials.

Videos:

- Give video to current parents.
- Display video on facility website.
- Use videos in promotional materials.

I understand that it is my responsibility to update this form in the event that I no longer wish to authorize one or more of the above uses. I agree that this form will remain in effect during the term of my child's enrollment. By signing below, I also agree that this is a legally binding form, and providing false information could be grounds for termination of childcare services, forfeiture of retainer, or both.

X _____
Parent/Guardian Signature

Date _____

Number of Weeks Registered for: _____

Total Amount Paid: _____

Discounts Given: Early Bird Registration

Sibling Rate

Check # or Cash Receipt #: _____

Date of Registration: _____

Other: _____