



# St. Matthew Catholic Preschool 2023-2024 Admissions Application

221 SE Walnut St  
Hillsboro, OR 97123  
Phone: 503-648-2512

Email: info@stmatthewschoolhillsboro.org

### Office Use Only

Date Received \_\_\_\_\_

Payment: \_\_\_\_\_

AM FULL

Applicant #: \_\_\_\_\_

Please complete this form and return it to the school office. **A \$75 registration fee must accompany your application** in order to hold a spot in the class. An admissions application and registration fee is required for each child attending.

Pre 3-PreK: AM (Mon-Fri 8:15-11:15am)  FULL DAY (Mon-Fri 8:15-3:15pm)

Pre 4-PreK: AM (Mon-Fri 8:15-11:15am)  FULL DAY (Mon-Fri 8:15-3:15pm)

### CHILD INFORMATION

Child's Name: \_\_\_\_\_ Male/  
Female \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Last)

Child's Preferred Name (i.e., Mike or Michael) \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Birthplace \_\_\_\_\_  
**Attach Copy of Birth Certificate** \_\_\_\_\_ (City) \_\_\_\_\_ (State)

### CONTACT INFORMATION

Mailing Address: \_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip)

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

### PARENT INFORMATION

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Address if different than child's: \_\_\_\_\_ Address if different than child's: \_\_\_\_\_

### FAMILY INFORMATION

Primary Language Spoken at home:  English  Spanish  Other \_\_\_\_\_

Parents:  Married  Divorced  Single  Deceased Mother/Father

Child lives with:  Both Parents  Father only  Mother only Guardian  Mother & Stepfather  Father & Stepmother

Religion: \_\_\_\_\_ Parish or Place of Worship: \_\_\_\_\_

Registered Parishioners:  Yes  No If yes, how long?  
\_\_\_\_\_

Sibling Name: \_\_\_\_\_ Age: \_\_\_\_\_ St Matthew Student/Alumni:  Yes  No

Sibling Name: \_\_\_\_\_ Age: \_\_\_\_\_ St Matthew Student/Alumni:  Yes  No

Sibling Name: \_\_\_\_\_ Age: \_\_\_\_\_ St Matthew Student/Alumni:  Yes  No

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# St. Mateo Preescolar Católica 2023-2024 Solicitud de admisión

221 SE Walnut St  
Hillsboro, OR 97123  
Teléfono: 503-648-2512

Email: [info@stmatthewschoolhillsboro.org](mailto:info@stmatthewschoolhillsboro.org)

Office Use Only	
Date Received:	_____
Payment:	_____
AM	FULL
Applicant #:	_____

Por favor complete este formulario y de vuélvalo a la oficina de la escuela. Una cuota de \$75 registro debe acompañar su solicitud con el fin de mantener un lugar en la clase. Se requiere solicitud de admisión y matrícula para cada niño que asiste.

- Pre 3-PreK:  AM (Lun-Vie 8:15-11:15am)  DIA COMPLETO (Lun-Vie 8:15-3:15pm)  
 Pre 4-PreK:  AM (Lun- Vie 8:15-11:15am)  DIA COMPLETO (Lun-Vie 8:15-3:15pm)

### INFORMACION DEL NIÑO

Nombre del Niño: \_\_\_\_\_ Masculino/Femenino  
(Primero) (Segundo Nombre) (Apellido)

Nombre Preferido del Niño (e.g., Mike or Michael) \_\_\_\_\_

Fecha de Nacimiento \_\_\_\_/\_\_\_\_/\_\_\_\_ Lugar de Nacimiento \_\_\_\_\_  
(Ciudad) (Estado)

**Ajuntar copia del certificado de nacimiento**

### INFORMACION DEL CONTACTO

Dirección de Envío: \_\_\_\_\_  
(Calle) (Ciudad) (Estado) (Código Postal)

Teléfono: \_\_\_\_\_ Dirección de Correo Electrónico: \_\_\_\_\_

### INFORMACION DE LOS PADRES

Nombre de la Madre: \_\_\_\_\_ Nombre del Padre: \_\_\_\_\_

Ocupación: \_\_\_\_\_ Ocupación: \_\_\_\_\_

Empleador: \_\_\_\_\_ Empleador: \_\_\_\_\_

Teléfono del Trabajo: \_\_\_\_\_ Teléfono del Trabajo \_\_\_\_\_

Teléfono Móvil: \_\_\_\_\_ Teléfono Móvil: \_\_\_\_\_

Correo Electrónico: \_\_\_\_\_ Correo Electrónico: \_\_\_\_\_

Dirección si es diferente del niño: \_\_\_\_\_ Dirección si es diferente del niño: \_\_\_\_\_

### INFORMACION SOBRE LA FAMILIA

Idioma Principal que se Habla en Casa:  Inglés  español  Otro \_\_\_\_\_

Padres:  Casados  Divorciados  Soltero  Madre/Padre Fallecido

El Niño Vive Con:  Ambos Padres  Solo el Padre  Solo la Madre  Guardián  Madre Y Padrastro  Padre Y madrastra

Religión: \_\_\_\_\_ Parroquia o Lugar de Adoración: \_\_\_\_\_

Feligreses Registrados:  Si  No En caso afirmativo, Cuanto tiempo? \_\_\_\_\_

Nombre del Hermano: \_\_\_\_\_ Edad: \_\_\_\_\_ Estudiante de San. Mateo/graduado:  Si  No

Nombre del Hermano: \_\_\_\_\_ Edad: \_\_\_\_\_ Estudiante de San. Mateo/graduado:  Si  No

Nombre del Hermano: \_\_\_\_\_ Edad: \_\_\_\_\_ Estudiante de San. Mateo/graduado:  Si  No

## ADDITIONAL INFORMATION

Briefly explain the major reasons you wish your child to be educated at St. Matthew Catholic Preschool.

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How did you hear about St. Matthew Catholic Preschool?

School website

School newsletter

Church website

Church Announcement/Bulletin

Friend

Family member

Newspaper

Other \_\_\_\_\_

*Preschool class size is limited to 20 students per class. Classes are filled on a first come, first served basis. I acknowledge that by paying the \$75 non-refundable registration fee I intend to have my child attend St. Matthew Preschool. I understand final registration documents, including a tuition agreement, will need to be completed to finalize my child's enrollment.*

\_\_\_\_\_  
(Parent or Guardian Signature)

\_\_\_\_\_  
(Date)

## INFORMACION ADICIONAL

Explique brevemente las razones principales que usted desea que su hijo/a sea educado en San Mateo Preescolar Católica.

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¿Cómo se entero de San Mateo Preescolar Católica?

Sitio Web de la Escuela

Boletín de la escuela

Sitio Web de la Iglesia

El anuncio de la Iglesia/ Boletín

Amigo

Miembro de la Familia

El Periódico

Otro \_\_\_\_\_

*Los tamaños de las clases preescolar están limitadas a 20 estudiantes por clase. Las clases se llenan por orden de llegada. Reconozco que al pagar la tarifa de inscripción no reembolsable de \$ 75, tengo la intención de que mi hijo(a) asista al Preescolar San Mateo. Entiendo que los documentos de inscripción finales, incluyendo un acuerdo de matrícula, deberán completarse para finalizar la inscripción de mi hijo(a).*

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(Padre o Tutor Firma)

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(Fecha)

# Preschool Emergency Contact/School Release Information

Student Name	Preferred Name	Grade & Class Time	Known Allergies	Medications*
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

*\*If you child has an Epi-pen or medication that needs to be taken while at Preschool you will need to bring in medication and forms that are specifically for Preschool.*

## Contact Information for your child/ren:

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(street address) (city) (state) (zip)

Home Phone: \_\_\_\_\_

Father's Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother's Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Medical Provider: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

## Persons other than parent or guardian AUTHORIZED to pick up your child/ren:

	Name	Relationship	Phone Number
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

## Emergency Transport Permission:

As part of the Oregon Child Care Rules, we are required to have a signed form on file that grants us the permission to call for an ambulance in the event of an emergency. Each family that has a child enrolled Preschool is required to complete this form.

In the event of an emergency, St. Matthew Catholic Preschool has my permission to call an ambulance or take my child to the nearest physician or hospital at my expense to obtain medical treatment. In most cases, 911 will be called, and the child will be transported to the nearest hospital and treated by an on-call physician. Parents or guardians will be contacted as soon as possible.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_