

Methodist Day School
Registration Application 2012-2013

One form per student
PLEASE PRINT

Child's Name _____	Birth date _____ / _____ / _____
Mailing Address _____	City _____ Zip Code _____
Home Phone _____	Age as of 9/1/2012 _____ yrs. _____ mos. <input type="checkbox"/> male <input type="checkbox"/> female

Class (check one): Prices per month

- | | |
|-----------------------------------|-----------------------------------|
| _____ Kindergarten (M-F) \$230.00 | |
| _____ 4 year old (M-F) \$200.00 | _____ 4 year old (MWF) \$175.00 |
| _____ 3 year old (M-F) \$200.00 | _____ 3 year old (MWF) \$175.00 |
| _____ 2 year old (M-F) \$200.00 | _____ 2 year old (MWF) \$175.00 |
| _____ 18 month old (M-F) \$200.00 | _____ 18 month old (MWF) \$175.00 |

Will you need?		
<input type="checkbox"/> Early Bird Care (7:30am – 8:20am)	<input type="checkbox"/> Lunch Bunch (11:30am - 1:00pm)	<input type="checkbox"/> Extended Day Care (11:30am – 5:30pm)
Days Needed _____	Days Needed _____	Days Needed _____

Mother's Name _____	Father's Name _____
Home Phone _____	Home Phone _____
Business or Cellular Phone _____	Business or Cellular Phone _____
Email contact (please print) _____	

First United Methodist Church member <input type="checkbox"/> yes <input type="checkbox"/> no If no, indicate church membership _____
Permission to display pictures? <input type="checkbox"/> church newsletter <input type="checkbox"/> school/classroom event <input type="checkbox"/> school website (no names)
Permission to distribute contact information to classmates? <input type="checkbox"/> Yes (see below) <input type="checkbox"/> No (share name of student only)
Check information to share: <input type="checkbox"/> Name, Birthday, Parent's Names, Address <input type="checkbox"/> Phone <input type="checkbox"/> Email

Acceptance of this form and the Registration fee of \$200.00 will assure your child a place in our school (\$315.00 for Kindergarten).

We expect that you will honor your enrollment for the school year unless you move from the city.

*My signature verifies that I have registered my child at Methodist Day School at First United Methodist Church as indicated above. **I understand any registration fees paid are non-refundable.***

Parent or Guardian Signature

Date

Office Use Only	
Amt Pd _____	Cash or Check # _____
Date _____	Rcd By _____