

**Methodist Day School  
Registration Application 2018-2019**

One form per student  
**PLEASE PRINT or TYPE**

Child's Name _____		Date of Birth ____/____/____	
Mailing Address _____		City _____	Zip Code _____
Physical Address (if different from above) _____			
Phone _____	Age as of 9/1/2018 ____yrs. ____mos.	<input type="checkbox"/> male	<input type="checkbox"/> female

Class (check one): Prices per month (9 monthly payments required)

- |   |  |
|---|--|
| <input type="checkbox"/> Kindergarten (M-F) \$240 | <input type="checkbox"/> Pre-Kindergarten 4 year old (M-F) \$240 |
| <input type="checkbox"/> 3 year old (M-F) \$240   | <input type="checkbox"/> 3 year old (MWF) \$215                  |
| <input type="checkbox"/> 2 year old (M-F) \$240   | <input type="checkbox"/> 2 year old (MWF) \$215                  |
| <input type="checkbox"/> 18 month old (M-F) \$240 | <input type="checkbox"/> 18 month old (MWF) \$215                |

Will you need any of the following for an additional monthly fee? (rates available on our website [www.fumcvictoria.com](http://www.fumcvictoria.com))

- |  |   |   |
|--|---|---|
| <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 _____   |

Father's Name _____	Mother's Name _____
Phone _____	Phone _____
Email contact (please print or type) _____	
First United Methodist Church member? <input type="checkbox"/> yes <input type="checkbox"/> no If no, indicate church membership _____	
How did you hear about MDS? <input type="checkbox"/> Current/Former Student <input type="checkbox"/> Other (please specify) _____	

*My signature verifies that I have registered my child at Methodist Day School at First United Methodist Church as indicated above. I agree to distribution of my child's birth date and contact information to classmates and authorize my child's name, photos or video being used for the purpose of advertising or promotion of Methodist Day School, a Ministry of First United Methodist Church.*

Acceptance of this form and the registration fee will assure my child a place at Methodist Day School for the 2018-2019 school year. I will honor my enrollment for the entire school year.

The registration fee for 18 month olds, 2 year olds, 3 year olds, and Pre-Kindergarten is \$250.

The registration fee for Kindergarten is \$325.

***I understand all registration fees paid are non-refundable.***

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

Office Use Only	
Amt. Paid _____	Cash or Check # _____
Rcd By _____	Date _____ Sib _____