

**Methodist Day School**  
**Registration Application 2019-2020**

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 9/1/2019	____ yrs. ____ mos.	<input type="checkbox"/> male <input type="checkbox"/> female

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

- |                               |  |
|-------------------------------|--|
| ____ Kindergarten (M-F) \$240 | ____ Pre-Kindergarten 4 year old (M-F) \$240 |
| ____ 3 year old (M-F) \$240   | ____ 3 year old (MWF) \$215                  |
| ____ 2 year old (M-F) \$240   | ____ 2 year old (MWF) \$215                  |
| ____ 18 month old (M-F) \$240 | ____ 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))

- Early Bird Care (7:30am – 8:20am)     Lunch Bunch (11:30am - 1:00pm)     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"/> Child is 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 2019-2020 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 \$300.

The registration fee for Kindergarten is \$350.

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

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

\_\_\_\_\_  
Date

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