



Crosby Methodist Weekday School

1334 Runneburg Road, P.O. Box 1385
 Crosby, TX 77532
 281-328-5460

Weekday.school@crosbyumc.org
www.crosbyumc.org

ENROLLMENT CONTRACT

Child's Name: First _____ Middle _____ Last _____

Name you prefer child to use _____ Sex _____ Date of Birth _____

Child's age as of September 1 of the current year _____

Address _____ City _____ State _____ Zip _____

Mailing Address _____ City _____ State _____ Zip _____

	Mother	Father
Name		
Address (if different than above)		
Employer		
Home phone**		
Cell phone**		
Work phone**		
Email address		

**please indicate preferred phone

Please **initial** your enrollment choice in the following table:

Important Note: We reserve the right to cancel any class option below that does not have adequate enrollment prior to the beginning of the school year. We will make every effort to meet your first choice. Depending on enrollment, students may switch classes and/or be combined with other ages from noon-2:00 pm.

	2 year olds	3 year olds	4/5 year olds
Monday, Tuesday, Wednesday 9:00 am – noon			
Monday, Tuesday, Wednesday 9:00 am – 2:00 pm **See note below			
Monday, Tuesday, Wednesday, Thursday 9:00 am – 2:00 pm **See note below	Not Available		

** All students attending the 2:00 programs will be released at 12:45 pm on the 1st Wednesday of each month, except September and January, to allow for staff training and planning.

PLEASE READ AND INITIAL ALL STATEMENTS BELOW:

___ I understand the registration fee is due with the registration form in order to secure a place for my child in the Weekday School program. I further understand this fee is non-refundable.

___ I understand that under all enrollment options, tuition is calculated for the entire school year and divided into 9 equal monthly payments. One month's tuition (which will be applied to May, 2014) is due **BY JULY 15, 2013**. Your space may be forfeited if payment is not received by the deadline.

___ I understand the remaining tuition payments are due on the first school day of each month from September, 2013 through April, 2014. A late fee of \$10 will be assessed on the 5th school day of the month. Parents are encouraged to communicate with the Director regarding unforeseen difficulties in making timely payments so that other arrangements can be made.

___ I understand that 30 days prior notice must be given for early withdrawal of my child from Weekday School. Tuition pre-payment for May will be applied to those 30 days. No refunds of tuition will be given for early withdrawal if 30 days notice has not been given, unless unusual circumstances warrant such.

___ I understand that I am agreeing to all terms and payments for the entire school year and that any changes in enrollment must be approved by the Director. I understand I am responsible for paying tuition for the entire month even if my child misses school due to illness, vacation, natural disasters resulting in school closure, or other circumstances which may arise unless other arrangements have been made with the director.

___ I agree to provide a nutritious snack for my child each day. If my child attends until 2:00 pm, I also agree to provide a nutritious lunch for my child each day. I understand that Weekday School is not responsible for the nutritional value of the food I send or for meeting my child's daily nutritional needs.

___ I am familiar with the types of activities my child may engage in at Weekday School. I am aware that my child will be permitted to play on the school's playground equipment. I am also aware that the school's staff will take every reasonable precaution in the best interest of my child. However, accidents do happen. Therefore, I agree to hold free of liability the staff of Weekday School and Crosby United Methodist Church for personal injuries or property damage occurring on the school premises arising from normal school activities.

I hereby ()give ()do not give my consent for my child to participate in water activities, including water tables, wading pools, and sprinklers. I will be notified in advance of any water play in wading pools or sprinklers.

I hereby ()give ()do not give my consent for my child to participate in field trips away from the school. I understand I will be notified in advance of the date, location, and cost of field trips.

___ I certify all information provided on all registration forms is true and complete to the best of my knowledge. I further understand that Weekday School will not be responsible for anything that may happen as a result of any false information I have given. I understand I am responsible for updating any information changes in a timely manner to ensure Weekday School remain in compliance with all Texas Department of Family and Protective Services requirements.

Signature of Parent or Legal Guardian

Date

SCHOOL USE ONLY

Payment Information:		
Date _____	Amount _____	Check/Cash
Date _____	Amount _____	Check/Cash

Admission Information:	
Date _____	Teacher _____