



Methodist Day School

3900 Lexington Blvd., Missouri City, Texas 77459

Ph: 281-499-2581 Fax: 281-261-4194 www.methodistdayschool.org

Director:
Sarah McCoy

Assistant Director:
Stephanie Gabino

Registration Form for Preschool 2026-2027

Child's Last Name: _____

Child's First Name: _____

Name Called: _____

Date of Birth: _____ Sex: _____

Address: _____

City/State: _____ Zip: _____

Sub Division: _____

Allergy or Food Restriction? YES or NO

Medical Information - (Indicate "NONE" if applicable)

Please list any special concerns regarding your child such as allergies, existing illness, previous serious illness, injury during the past 12 months, any medication prescribed for long-term use, any unusual marking on child's body (birthmarks, etc.), and any other information which our staff should be aware of:

Primary Contact Will Be Used For School Communication

Primary Parent Name: _____

Secondary Parent Name: _____

Driver's License #: _____

Driver's License #: _____

Place of Work: _____

Place of Work: _____

Occupation: _____

Occupation: _____

Primary Cell: _____

Primary Cell: _____

Secondary Phone: _____

Secondary Phone : _____

Primary email: _____

Secondary email: _____

Home address (if different from child): _____

Home address (if different from child): _____

EMERGENCY RELEASE INFORMATION

I hereby authorize Methodist Day School to allow my child to leave the Day School with my child's parents, **and the following persons:**
(All listed MUST be 18 years of age, LOCAL RESIDENTS and MUST bring identification)

Name/Relationship to child: _____ Address: _____ Phone: _____

Name/Relationship to child: _____ Address: _____ Phone: _____

Name/Relationship to child: _____ Address: _____ Phone: _____

Children will only be released to a parent or person designated by the parent after verification of ID.

For Office Use Only

Date enrolled: _____

Medical Form: _____

Parent Handbook: _____ Pmt Type _____

Class : 3's: M/F T/W/TH

Birth Certificate: _____

Discipline Policy: _____ May '27 Paid: _____

Class : 4's: M/F T/W/TH

Extended Day AM: M/F T/W/TH

Withdrawal Date: _____ Reg Paid: _____

Carpool# _____

Extended Day PM: M/F T/W/TH

INITIAL	POLICY/PERMISSION									
	<ul style="list-style-type: none"> Enrollment will be open to any child, provided the school can meet the needs of that child. Children enrolling in our 3-day preschool (3's & 4's) programs must be potty trained. 									
	<p>Withdrawal Policy - I understand that:</p> <ul style="list-style-type: none"> Withdrawal notices must be given in writing and turned in to the Day School Office. If the Day School Office is closed and notice is submitted via email, the date the email was sent will be considered the date of notice given. Registration fees are non-refundable. June 1st is the deadline in order to be refunded the prepaid May tuition. If you find it necessary to withdraw your child between June 2nd and October 1st, you will forfeit your prepaid May's tuition. After October 1st we must have a two week notice of withdrawal for you to receive the May's tuition refund. After April 1st May's tuition will no longer be refunded. 									
	<p>Methodist Day School Handbook - I have received the handbook and am aware that it contains important Day School Policies and Procedures including those for discipline and guidance.</p>									
	<p>Private Classroom Digital Applications - I give permission for the staff of the Methodist Day School to post photographs and/or videos to the classrooms private digital application. All content is only visible to members of the application.</p>									
	<p>Student Class List/Photo/Video - I give permission for my child's name, address and telephone number to be put on the class list and given to parents in the Day School. I give permission for my child to be photographed or videotaped during Day School activities. I understand that such media may be used in publications associated with the school and church.</p>									
	<p>Lunches - I understand that the Methodist Day School is not responsible for providing lunch for my child. I understand that I am responsible for providing a well-balanced, nutritious lunch that includes foods from the following groups: Milk or milk product, protein, vegetable, fruit, cereal and no beverages with added sugars such as carbonated beverages, fruit punch or sweetened milk.</p>									
	<p>Water Activities - I give permission for my child to participate in any planned water activities. (i.e. water tables, splash day—No swimming pools)</p>									
	<p>Liability - As a Parent or Guardian, I do hereby release Methodist Day School and First United Methodist Church Missouri City of liability for accident or injury occurring on the school premises.</p>									
	<p>First Aid - I grant permission for my child to use all of the play equipment and participate in all activities of the school. In the event of an emergency, I authorize the staff to provide any first aid deemed necessary for my child.</p>									
	<p>Emergencies - I understand if my child exhibits any type of illness he should not be brought to school. In case of emergency, I understand that my child will be taken to a medical facility. A member of the staff will stay with my child until an authorized person comes to take charge. In the event that I cannot be reached to make medical arrangements for emergency medical care, I authorize the person in charge to take my child to :</p> <table border="1" data-bbox="218 1507 1556 1776"> <tr> <td data-bbox="218 1507 665 1564">Physician:</td><td data-bbox="665 1507 1188 1564">Address:</td><td data-bbox="1188 1507 1556 1564">Phone:</td></tr> <tr> <td data-bbox="218 1564 665 1622">Hospital:</td><td data-bbox="665 1564 1188 1622">Address:</td><td data-bbox="1188 1564 1556 1622">Phone:</td></tr> <tr> <td data-bbox="218 1622 665 1776">Emergency Contact (other than parent) if parent cannot be reached:</td><td data-bbox="665 1622 1188 1776">Address:</td><td data-bbox="1188 1622 1556 1776">Phone:</td></tr> </table>	Physician:	Address:	Phone:	Hospital:	Address:	Phone:	Emergency Contact (other than parent) if parent cannot be reached:	Address:	Phone:
Physician:	Address:	Phone:								
Hospital:	Address:	Phone:								
Emergency Contact (other than parent) if parent cannot be reached:	Address:	Phone:								

I give consent for this facility to secure any and all necessary emergency medical care for my child.

In signing this form, the parent or guardian agrees to ALL the conditions listed above.

Signature of Parent: _____ **Date:** _____