

# METHODIST WEEKDAY SCHOOL

## ENROLLMENT INFORMATION

**MWS Pre-Kindergarten: 9 am – 2 pm**

**Mother's Day Out: 9 am – 2 pm**

Office Use Only	
<b>Registration Fee</b>	\$ _____
(non-refundable)	
<b>Date Paid</b>	_____
<b>Enrollment Date</b>	_____

Check (✓) Your Program Choice(s)		
<b>Pre-Kindergarten Programs</b>		
<input type="checkbox"/> Mon-Wed-Fri	<input type="checkbox"/> Tue-Thu	
<b>Mother's Day Out Programs</b>		
<input type="checkbox"/> Mon & Fri	<input type="checkbox"/> Tue & Thu	<input type="checkbox"/> Wed

### COMPLETE THE FOLLOWING INFORMATION FOR EACH CHILD YOU WISH TO ENROLL

<b>Child's Name</b>	<b>Gender</b>	<b>Date of Birth</b>
	Female      Male	
<b>Street Address</b>	<b>City</b>	<b>Zip</b>
		<b>Home Phone</b>

Mother's Info	Father's Info
<b>Name</b>	<b>Name</b>
<b>Cell</b>	<b>Cell</b>
<b>Email</b>	<b>Email</b>
<b>Employer</b>	<b>Employer</b>
<b>Work Phone</b>	<b>Work Phone</b>

### Emergency Contact Information

Person(s) who are approved to pick-up your child and can be called when parent(s) cannot be reached

Name	Phone	Address	Relationship

## Allergies

Please list any allergies and/or special instructions regarding your child's health:

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### CURRENT IMMUNIZATIONS RECORDS REQUIRED BEFORE THE FIRST DAY OF SCHOOL.

#### AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION AND EVACUATION RELEASE:

In case of emergency, the Director or Teacher has my permission to call the following physician and/or the Deer Park Emergency Corps to obtain emergency treatment.

<b>Physician</b>	<b>Phone</b>

\_\_\_\_\_

Signature of Parent

\_\_\_\_\_

Date

**Parent's Acknowledgement** - This is to acknowledge that the Methodist Weekday School has provided me with a copy of the Operational Policies and Discipline & Guidance Policy.

\_\_\_\_\_

Signature of Parent

\_\_\_\_\_

Date