Crosby Methodist Weekday School

1334 Runneburg Road, P.O. Box 1385
Crosby, TX 77532
281-328-5460
Weekday.school@crosbyumc.org
www.crosbyumc.org

REGISTRATION CHECKLIST

Child's Name_____

In order for your child's enrollment to be complete, please make sure you are submitting all of the following <u>at time of registration:</u>

____ Enrollment Contract/Financial Agreement

____ Registration Fee ***Your registration will not be considered unless it includes the registration fee***.

___Check/money order attached *Current students only:* ____Auto draft today ____Will pay online today

____ Medical Information Form

____ Copy of child's medical insurance card

____ Authorization to Release Student

____ Email Announcements

____ Media Release

____ Student/Family Profile

____Tuition Express authorization form for participation in automatic drafts or online payments (optional)

____ Current immunization record EXCEPTIONS:

- <u>current</u> students who submitted an updated record after turning 4 years old
- <u>current</u> 2 and 3 year old students who already have a current record on file (haven't received any immunizations since last record was turned in)
- any students who will be receiving 4 year old immunizations over the summer

____ Physician Well Child Form (may be turned in now or by August 27, 2018 – see below)

>>>>>>>>>>>>>>>>>>> ***<u>KEEP PORTION BELOW AS REMINDER</u>*** <<<<<<<<<<<<<<<<<<<<<<<<

The following is due by <u>July 16, 2018.</u> Failure to pay in a timely manner may result in forfeiting your child's place in our school. If you need to make other payment arrangements, please contact the director.

____ Payment of one month's tuition – for May, 2019 (This payment will be automatically drafted if you have submitted the appropriate forms.

The following is due by <u>August 27, 2018</u> (one week prior to the start of school):

____ Physician's Well Child Statement – must be signed by your child's doctor

____Immunization Record, if not previously submitted