

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, pleas following at time of registration:	se make sure you are submitting all of the
Enrollment Contract/Financial Agreement	
Registration Fee Your registration will not be considered	unless it includes the registration fee.
New Students only: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 autom	natic drafts or online payments (optional)
 Current immunization record (or legal exemption form) current students who submitted an updated record after the current 2 and 3 year old students who already have a current immunizations since last record was turned in and any students who will be receiving 4 year old immunications. 	current record on file (haven't received any lare current on immunizations)
Physician Well Child Form (may be turned in now or by Au	gust 26, 2019 – see below)
>>>>>>> <u>KEEP PORTION BELOW AS R</u>	EMINDER <
The following is due by <u>July 15, 2019.</u> Failure to pay in a timel in our school. If you need to make other payment arrangemen	
Payment of one month's tuition – for May, 2020 (This paym submitted the appropriate forms.	ent will be automatically drafted if you have
The following is due by August 26, 2019 (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	