





# Crosby Methodist Weekday School

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

## KINDERGARTEN ENROLLMENT CONTRACT & FINANCIAL AGREEMENT

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 \_\_\_\_\_

	Parent/Guardian 1	Parent/Guardian 2
<b>Name</b>		
<b>Relationship to Child</b>		
<b>Address</b> (if different than above)		
<b>Employer</b>		
<b>Primary Phone Number</b>		
<b>Alternate Phone Number</b>		
<b>Email address</b>		

Please initial your enrollment choice(s) below:

KINDERGARTEN OPTION	Regular Day	Before School Care	After School Care
Monday, Tuesday, Wednesday, Thursday			
Time	8:00 am – 3:30 pm	7:30 am – 8:00 am	3:30 pm – 4:30 pm
Tuition	\$435	\$20	\$40
Registration/Curriculum/Supply Fee	\$240	N/A	N/A

*Important Note: We reserve the right to cancel any class option that does not have adequate enrollment prior to the beginning of the school year. We will make every effort to meet your first choice.*

**BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ, UNDERSTAND, AND AGREE TO ALL THE FOLLOWING STATEMENTS:**

- The registration fee is due with the registration form in order to secure a place for my child in the Weekday School program. I understand this fee is not refundable under any circumstances.
- By signing below, I am agreeing to all terms and payments for the option I enrolled in for the entire school year. I understand I am responsible for paying tuition for the entire year 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. Special tuition arrangements may be made by the school for closings due to COVID-19. Adjustments will be made based on the circumstances.
- 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, 2021) is due **BY AUGUST 15, 2020**. Your space may be forfeited if payment is not received by the deadline unless arrangements have been made with the Director. This payment due date can be adjusted as necessary.
- The remaining tuition payments are due on the first school day of each month from September, 2020 through April, 2021. Late fees will be assessed as stated in the Parent/Student Handbook beginning on the 5<sup>th</sup> 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.
- For withdrawals related to family relocation, change in job status, medical needs or other unforeseen circumstances, 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 will automatically be charged late fees as stated in the Parent/Student Handbook if I pick my child up past the designated release time from school for the program they are enrolled in.
- I agree to provide nutritious snack(s) and/or meals for my child each day as follows:  
All Students: Morning snack, lunch, and afternoon snack

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 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

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.

\_\_\_\_\_  
**Signature of Parent or Legal Guardian**

\_\_\_\_\_  
**Date**

\*\*\*\*\*

**SCHOOL USE ONLY**

7/29/2020

<u>Payment Information:</u>	Amount: _____	Date: _____
_____ Check/MO	_____ Draft	_____ Online

<u>Admission Information:</u>
Date _____ Teacher _____

# Crosby Methodist Weekday School

## MEDICAL INFORMATION & PICK UP AUTHORIZATION FORM

Child's Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Please check any of the following special issues this child may have/ have had: (Mark **NONE**, if none apply)

allergies (Medical Emergency Plan form may be required)       existing illness       previous serious illness  
 injuries during the last 12 months       hospitalizations during the last 12 months  
 other (explain below)       **NONE**

If any of the above are checked, please explain. Also, please list any current and/or daily medications this child takes.

\_\_\_\_\_  
\_\_\_\_\_

Physician's Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Address \_\_\_\_\_

### PARENT AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

By signing this form, I authorize Crosby Methodist Weekday School to contact the person(s) indicated on the back of this form in case of a medical emergency and a parent cannot be reached. I give consent for Crosby Methodist Weekday School to make arrangements for emergency medical attention in the event I cannot be reached.

Please be certain that the people listed are within a reasonable distance of the school and would be willing and available to pick up your child in the case of illness or emergency. Weekday School will always attempt to contact parent(s) first.

### PICK UP AUTHORIZATION

In addition to the parent(s) of the above-named child, the only person(s) authorized to pick up my child from Weekday School without further permission are indicated on the back of this form.

By signing this form, I understand Weekday School will refuse to release my child to any person(s) other than those named below unless I have given my permission. Written permission notes for specific instances will be accepted. I understand that a picture ID will be required if the person(s) picking up my child is not known to Weekday School staff.

If there is any person(s) who is/are legally excluded from picking up your child, please provide legal documents.

By signing this form, I agree that I will leave my child at Weekday School ONLY in the presence of a staff member. I will not pick up my child from Weekday School without making a staff member aware of my child's departure.

Please indicate if each person below is authorized for Emergency Medical notification/pickup, Authorized pickup, or both by checking the applicable box(es).

Name	Complete Address	Phone Number	Relation to Child	Emergency Medical	Authorized Pick Up

Use space below or attach additional sheet if needed

**Immunization Record**

Choose one:

- Current Immunization Record is attached
- Current Immunization Record is already on file at school
- My child has an upcoming well child appointment and will receive an updated record at that time

**Well Child Form**

Choose one:

- Signed Well Child form is attached
- My child has an upcoming well child appointment and will receive a signed Well Child form at that time

**Insurance Card**

Choose one:

- Insurance card is attached
- No insurance card

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date



# Crosby Methodist Weekday School

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Crosby, TX 77532

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Fax 281-462-0328

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## HEALTH REQUIREMENTS

1. Each child is required to have a "Well Child Statement", signed by their physician, on file before the first day of school. You may use the form provided by Weekday School (on the back of this page) or a similar form provided by the doctor. If your child has been seen by his/her doctor in the last 12 months, they may be willing to complete this form without another doctor's visit. We will accept a faxed copy of this form.
2. In order to comply with State of Texas minimum immunization requirements, it is a parent's or guardian's responsibility to provide current immunization records to the child care facility or a legal exemption. Therefore, you must provide a current immunization record or exemption when registering your child for Weekday School. Following are the immunization requirements prior to entering our program. Please check the list carefully to ensure your child has had the required immunizations.

**2 & 3 year olds:**

- 3 doses polio (IPV/OPV)
- 4 doses diphtheria, tetanus and pertussis (DTP/DTaP)
- 1-3 doses haemophilus influenzae (Hib) – depending on age when doses administered
- 3 doses Hepatitis B
- 3-4 doses pneumococcal (PCV) – depending on age when doses administered
- 2 doses Hepatitis A
- 1 dose measles, mumps, and rubella (MMR)
- 1 dose varicella (chicken pox)

**4 year olds & older:**

- All requirements as stated above, **plus**
- \*1 additional dose polio
- \*1 additional dose DTP/DTaP
- \*1 additional dose MMR
- \*1 additional dose of Varicella

\*These vaccines should be given on or after the child's 4<sup>th</sup> birthday.

**Current students enrolling for next year:** If your child is already 4 years old or older **and** you have provided an updated immunization record after their 4 year immunizations, you do not need to provide another immunization record.

However, if your child turns 4 during the summer you must provide an updated immunization record showing they have received all required immunizations.

**Please remember, a current immunization record is now required at registration, if it is not already on file. Only the Physician's Well Child Statement may be turned in at a later date.**

3. The Texas Health Department requires all children who are 4 years old and older to have a vision and hearing screening if they are enrolled in any licensed school or day care. These screenings will be completed at Weekday School in September or October for a small charge (usually less than \$20). However, if your doctor performed a vision and hearing screening on your child (many do this at the 4 year old check up), you may have your child's doctor complete the form on the back of this page or provide us with a copy instead of having them retested at school. **Kindergarten** students must have a new vision and hearing screening from last year.

# Crosby Methodist Weekday School

## PHYSICIAN'S WELL CHILD STATEMENT

*Crosby Methodist Weekday School will accept a faxed copy of a "Well Child Statement" from your child's doctor. They may use this form or one of their own.*

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Child's Birthdate

I have examined the above named child within the past year and found that he/she is physically able to take part in Crosby Methodist Weekday School program and activities.

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician Name (Please print)

**A current immunization record must also be provided to Weekday School.**

### Hearing & Vision

All students who are 4 years old by September 1 and all Kindergarten students, must have vision and hearing screenings. We will provide these at school for a fee. If your child had these screenings with their doctor, you may have them complete the section below or provide us with a signed copy from the doctor. **Kindergarten** students must have a new screening for the new year.

<b>VISION</b>	R 20/ _____	L 20/ _____	_____ Pass	_____ Fail
<b>HEARING</b>	1000 Hz	2000 Hz	4000 Hz	
R				_____ Pass _____ Fail
L				_____ Pass _____ Fail

_____ Physician's Signature	_____ Date
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# Crosby Methodist Weekday School

## EMAIL ANNOUNCEMENTS

Student Name: \_\_\_\_\_

Please list below any names/email addresses to be included in email announcements, newsletters, etc.

<b>Name</b>	<b>Relation to child</b>	<b>Email address</b> Please PRINT legibly

*Email addresses will only be used by school personnel for school-related issues. Email addresses will not be distributed to anyone without your permission.*



# Crosby Methodist Weekday School

## MEDIA RELEASE

At Crosby United Methodist Weekday School we may take pictures and videos of our students on various occasions for the purpose of capturing memories for the benefit of the students and their families. In addition, the school and/or church may use these photos or videos to tell others about our programs or promote our programs.

However, we take the issue of child safety very seriously, and this includes protecting images of children involved in school related activities. We want to do all we can to limit the risk of inappropriate, unsolicited attention from people not affiliated with our program. For this reason, we will never include the full name of the child with an image. We will not tag you or your child on any photos uploaded to social media. Teachers will not post pictures or names of students to their personal accounts on any social media. However, please understand that we have no control of images posted to social media by others attending events at our school.

The school maintains a closed Facebook group. We only accept people to this group that are affiliated with students and their families. This Facebook group is used to post photos and videos of our activities as well as to make announcements and reminders.

Please indicate below the ways you give us permission to use your child's image.

**Child's printed name:** \_\_\_\_\_

\_\_\_ I give permission for my child's image to be used in the following areas -- **please check all you agree to:**

### School Use

- Facebook (Weekday School private FB page only)
- Class projects and/or books
- Newsletter
- Slide show
- Newspaper

### Crosby Methodist Church Use

- Church newsletter
- Church website
- Church Facebook
- Church slideshow

If I have given my permission above for my child's photo and/or name to be used as stated, I understand it is to be used without any consideration or monetary compensation and without prior notification.

\_\_\_ I **DO NOT** give permission for my child's image to be used in any media. I understand at events such as (but not limited to) chapel, parties, and programs that other families will likely be taking photos and/or videos. If I wish for my child to not be in pictures taken by someone other than school or church staff, I will be responsible for taking the necessary precautions. I further understand that the school and church staff have no control over images taken at these events that are posted to social media.

I \_\_\_ **agree** \_\_\_ **do NOT agree** to receive occasional mailings from Crosby United Methodist Church with invitations and/or information about children's and/or church events. These will be church events, not school events. Your child's name and address will **NOT** be shared with the church.

Parent/Guardian's signature

Date

7/29/2020

# Crosby Methodist Weekday School

## STUDENT/FAMILY PROFILE

This information is for confidential use of the school staff. In our efforts to better understand your child and aid in the process of his/her adjustment to our school, please complete the following information. We have found that the more we know about your child and his/her family, the better we will be able to serve your child's needs.

Child's Full Name \_\_\_\_\_ Name Called \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Marital Status of Parents:** \_\_\_ Married/not married – live in same household \_\_\_ Unmarried – do not live in same household  
\_\_\_ Separated/Divorced \_\_\_ Widowed

**Child Lives With:** \_\_\_ Both parents \_\_\_ Mother only \_\_\_ Mother & significant other \_\_\_ Guardian  
\_\_\_ Father only \_\_\_ Father & significant other \_\_\_ Joint custody

Custody/visitation arrangements \_\_\_\_\_

Names and relationships of any adults living in household other than parents (step parents, mother/father's significant other, etc.) \_\_\_\_\_

### Siblings

Name	Age	Relationship to child	School	Lives in same household

**If Child is Adopted (optional):** Age at Adoption \_\_\_\_\_ Does child know he/she is adopted? \_\_\_\_\_

Additional comments \_\_\_\_\_

**Ethnicity (optional)** \_\_\_\_\_

**Religion (optional)** \_\_\_\_\_ **Church Affiliation** \_\_\_\_\_

Recent family experiences that have influenced your family and child (examples: recent move, birth of a sibling, death of a loved one, parent separation, etc.) \_\_\_\_\_

Who will be the primary person(s) dropping off and picking up your child from school? If that person is not a parent, please list their relationship to the child. \_\_\_\_\_

If both parents are away from home during the day, please state arrangements for child's care when he/she is not at school \_\_\_\_\_

**Classroom and Social Experiences**

List the names of any schools (preschool, daycare, home daycare, mother's day out) that your child has previously attended, the age he/she was during attendance and how long he/she was in attendance.

\_\_\_\_\_

\_\_\_\_\_

Has your child ever been dismissed from any school or childcare program? Yes No  
If yes, please explain circumstances.

\_\_\_\_\_

Is your child involved in other group activities (dance, sports, playgroups, Sunday school)?

\_\_\_\_\_

What are some of your child's favorite activities and interests?

\_\_\_\_\_

**Health History**

Allergies: \_\_\_ Yes \_\_\_ No (If yes, please be very specific below.)

**Food allergies** \_\_\_\_\_

Caused from: \_\_\_ Ingestion only \_\_\_ Any exposure

What is the reaction? \_\_\_\_\_

How should the reaction be treated? Be very specific. \_\_\_\_\_

**Other allergies** \_\_\_\_\_

What is the reaction? \_\_\_\_\_

How should the reaction be treated? Be very specific. \_\_\_\_\_

List any dietary restrictions (other than allergies above) \_\_\_\_\_

\_\_\_\_\_

Does your child have any diagnosed special needs (i.e. speech, language, hearing, developmental delay, physical, emotional, behavioral)? \_\_\_\_\_ If so, please explain \_\_\_\_\_

\_\_\_\_\_

Is your child in any kind of therapy (speech, occupational, physical)? \_\_\_\_\_ If so, please explain \_\_\_\_\_

\_\_\_\_\_

Do you have any special concerns about: \_\_\_ Speech/Language \_\_\_ Vision \_\_\_ Hearing \_\_\_ Fears

\_\_\_ Physical Development \_\_\_ Social Development \_\_\_ Behavioral Issues/Discipline

\_\_\_ NONE (Please mark if you have NO concerns)

For any marked above, please explain \_\_\_\_\_

\_\_\_\_\_

**Developmental Information**

Was child full term or premature? \_\_\_\_\_ If premature, how early? \_\_\_\_\_

Is your child potty trained? Yes No

If yes, at what age were they trained? \_\_\_\_\_

If no, are you working on this yet and how can we best assist with this process at school?

What word(s) does your child use for going potty? \_\_\_\_\_

Are they independent in their restroom habits? (Will they tell their teacher when they need to go, will they need assistance with pants/underwear, can they clean themselves, can they wash their hands?)

*Please note that all children placed in 3 year old classes and above must be completely potty trained. They should be mostly independent in their restroom habits. Please let us know how we can assist in helping them become independent.*

Does your child have any special attachments (blanket, pacifier, thumb, etc.)? When does he/she use/need this item?

Does your child usually take a nap? \_\_\_\_\_

What hand is your child predominantly using? \_\_\_Right \_\_\_Left \_\_\_Using both equally

How would you explain your child's personality? \_\_\_\_\_

What discipline procedures do you use at home and/or what procedures do you feel are most effective with your child?

Please give us any other information about your child/family which you think we should be aware of.

Please list your expectations for your child during this year at Weekday School.

# Crosby Methodist Weekday School

## PAYMENT OPTIONS

### Registration Fee:

- New students – Must pay with check or money order. Electronic options are not available until your registration has been processed.
- Current students – Must pay electronically. Indicate on the Registration Checklist how you prefer to make this payment. A new auto draft form must be completed for the new year.

### Monthly Tuition:

We **ONLY** accept electronic payments through Tuition Express/Procure for monthly tuition payments. We will not accept cash, checks, money orders, or cashier's checks. *(If you have an unusual circumstance which would prevent you from making one of the forms of electronic payment below, please discuss this with the Director.)*

We have several options available:

- We can automatically draft your bank account each month. Complete the form on the back of this page and return with your registration packet. (Effective 6/1/2020, we will no longer be using credit/debit cards for monthly drafts – ONLY bank accounts can be used.) **If you currently have a debit/credit card on file, please update by completing the form on the back with bank account information to continue auto draft payments.**
- You can pay online yourself at MyProcure.com each month.
- You can pay with a debit/credit card at our check in computer each month.

You may choose whichever of these options is more convenient for you. We will be happy to discuss any of these options further with you.

Tuition<sup>e</sup>  
Express

Automated Payment Processing  
Safe - Convenient - Easy

We are excited to offer the safety, convenience and ease of Tuition Express™—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

**ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT**

I (we) hereby authorize (business name) Crosby United Methodist Weekday School to initiate debit entries to my (our) checking or savings account, indicated below (Section B). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. ~~Check with the center for account verification type.~~

**COMPLETE ONE SECTION ONLY**

**SECTION A (Credit Card)**

~~Cardholder Name \_\_\_\_\_  
Cardholder Address \_\_\_\_\_ State Zip \_\_\_\_\_  
Account Number \_\_\_\_\_ Expiration Date \_\_\_\_\_  
Cardholder Signature \_\_\_\_\_ Date \_\_\_\_\_~~

**SECTION B (Bank Account)**

Your Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State Zip \_\_\_\_\_  
Bank or Credit Union Name \_\_\_\_\_ Bank or Credit Union Address \_\_\_\_\_ City \_\_\_\_\_ State Zip \_\_\_\_\_  
Routing Transit Number (see sample below) \_\_\_\_\_ Account Number (see sample below) \_\_\_\_\_  Checking  Savings

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

**For Official Use Only**

Date Received \_\_\_\_\_  
Employee Signature \_\_\_\_\_

John Sample  
Mary Sample  
123 Now Street  
Anytown USA

7890 1234 5678  
1234 5678

00226

Pay to the order of \_\_\_\_\_ \$ \_\_\_\_\_  
Deposit paid to account \_\_\_\_\_ Dollars

0123456789 10000000 0000

Routing Number Account Number Check Number

A service of



procare  
SOFTWARE

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