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>

____ 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

____Enrollment Contract & Financial Agreement

____ Medical Information & Pick up Authorization Form

____ Copy of child's medical insurance card

____ Email Announcements

____ Media Release

____ Student/Family Profile

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

____ Current immunization record <u>or</u> legal exemption form 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 and are current on immunizations)
- 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 31, 2021)

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

The following is due by <u>July 15, 2021.</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, 2022 (This payment will be automatically drafted if you have submitted the appropriate form. If you are not on auto draft, then the payment must be made electronically through MyProcare.com or at our check-in computer.)

The following is due by <u>August 31, 2021</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