



Crosby Methodist Weekday School

1334 Runneburg Road, P.O. Box 1385
 Crosby, TX 77532
 281-328-5460
weekday.school2@gmail.com
www.crosbyumc.org

ENROLLMENT CONTRACT & FINANCIAL AGREEMENT 2026-2027

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
Name		
Relationship to Child		
Address (if different than above)		
Employer		
Primary Phone Number		
Alternate Phone Number		
Email address		

Please initial your enrollment choice(s) below:

PRESCHOOL ONLY OPTION	Time	Monthly Tuition	2 year olds	3 year olds	4/5 year olds
Monday, Tuesday, Wednesday Registration Fee: \$250	8:30 am – 2:30 pm	2's-\$390, 3/4/5's-\$375			
Monday, Tuesday, Wednesday, Thursday Registration Fee: \$260	8:30 am – 2:30 pm	2's-\$480 3/4/5's -\$455			

BEFORE SCHOOL CARE and STAY & PLAY	Monthly Tuition	Before School (Per Availability) 7:30 am – 8:20 am	Stay & Play (Per Availability) 2:30 pm – 4:30 pm
Monday, Tuesday, Wednesday	Before – \$65 Stay & Play- \$105		
Monday, Tuesday, Wednesday, Thursday	Before- \$75 Stay & Play- \$125		

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. Class options are filled in the order student registrations are received. You will be notified if your first choice is not available.

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.**
- 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, 2027 is due **BY JULY 15, 2026.** Your space may be forfeited if payment is not received by the deadline.
- The remaining tuition payments are due on the first school day of each month from September, 2026 through April, 2027. Late fees will be assessed as stated in the Parent/Student Handbook beginning on the 5th 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.
- **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. If withdrawal is made less than 30 days prior to the start of school, May tuition will be applied to September. No refunds of tuition will be given for early withdrawal if 30 days' notice has not been given.**
- By signing below, I am agreeing to all terms and payments for the option I enrolled in **for the entire school year. I acknowledge that any changes in enrollment must be submitted in writing and approved by the Director.** I understand I am responsible for paying tuition for the entire month even if my child misses school due to illness, vacation, natural disasters resulting in school closure, or other circumstances which may arise.
- 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:
 Attending until 2:30 pm.....morning snack and lunch
 Attending Stay & Play.....morning snack, afternoon snack, and lunch
 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 remains in compliance with all Texas Department of Family and Protective Services requirements

I

Signature of Parent or Legal Guardian

Date

SCHOOL USE ONLY

Payment Information: Amount: _____ Date: _____ _____ Check/MO _____ Draft _____ Online

Admission Information: Date _____ Teacher _____
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