2011 – 2012

DEER PARK METHODIST WEEKDAY SCHOOL

ENROLLMENT INFORMATION

MWS Pre-Kindergarten: 9:00 a.m. – 2:00 p.m..
DPISD Program Pre-K: 7:45 a.m. – 11:45 p.m.

Mother's Day Out: 9:00 a.m. – 2:00 p.m.

Registration Fee: $ _____
(non-refundable)

Date Paid: _____

Enrollment Date: August 24, 2011

Please Place A Check (✓) By Your Program Choice(s):

Pre-Kindergarten Programs

☐ @ MWS Mon-Wed-Fri OR ☐ @ MWS Tues – Thursday

☐ DPISD Program

Mother's Day Out Programs

☐ Monday & Friday OR ☐ Tuesday & Thursday OR ☐ Wednesday

COMPLETE THE FOLLOWING INFORMATION FOR EACH CHILD YOU WISH TO ENROLL

CHILD'S NAME	GENDER: FEMALE MALE	DATE OF BIRTH
STREET ADDRESS	CITY, STATE & ZIP	HOME TELEPHONE NO.
MOTHER'S NAME	FATHER'S NAME	
MOTHER'S EMPLOYER AND PHONE NUMBER	FATHER'S EMPLOYER AND PHONE NUMBER	
CELL PHONE:	CELL PHONE:	
EMAIL ADDRESS:		

Emergency Contact Information
Person(s) to call when parent cannot be reached and are approved to pick-up your child

NAME	TELEPHONE NUMBER	RELATIONSHIP
NAME	TELEPHONE NUMBER	RELATIONSHIP
NAME	TELEPHONE NUMBER	RELATIONSHIP

Please list any allergies and/or special instructions regarding your child's health:

_____

_____

CURRENT IMMUNIZATIONS RECORDS REQUIRED BEFORE THE FIRST DAY OF SCHOOL.

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION AND EVACUATION RELEASE:
In case of emergency, the Director or Teacher has my permission to call the following physician and/or the Deer Park Emergency Corps to obtain emergency treatment.

Name of Physician:_____ Phone Number: ( ) _____

_____ _____
Signature of Parent Date

Parent's Acknowledgement – This is to acknowledge that the Methodist Weekday School has provided me with a copy of the **Operational Policies** and **Discipline & Guidance Policy.**

_____ _____
Signature of Parent Date