

**DEER PARK METHODIST WEEKDAY SCHOOL
ENROLLMENT INFORMATION**

MWS Pre-Kindergarten: 9:00 a.m. – 2:00 p.m..
 DPISD Program Pre-K: 7:20 a.m. – 11:30 p.m.

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

Registration Fee: \$ _____
 (non-refundable)

Date Paid: _____

Enrollment Date: _____

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	ADDRESS & TELEPHONE NUMBER		RELATIONSHIP
NAME	ADDRESS & TELEPHONE NUMBER		RELATIONSHIP
NAME	ADDRESS & 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