

Wesley Methodist Day School

3810 N. Major Dr. Beaumont, Texas 77713
 (409) 892-7012 Mlove@wesleyumc.com

SCHOOL INFORMATION & FEES 2021-2022

School Hours: 9-1:45 pm
Extend Care Hours: 8:00-8:20 am, 1:45-5:00 pm

Our school is open to children who are 12 months of age and walking through Pre-K. Our first day of school is Monday, August 30, 2021 and our last day is Thursday, May 19, 2022.

Tuition Rates 2020-2021	Active Church Member Discount (must be verified by church finance office and Senior Pastor)
\$200 Registration Fee	\$200 Registration Fee
\$2790 Annual tuition	\$279- 9 installments
\$310 – 9 installments	

- Registration fees for school and extended care are non-refundable.
- **Monthly installments begin on August 30, 2021** and will continue to be due the first week of each month. A \$25 late fee will be applied to any account past the 10th of each month. Students with outstanding balances may not attend classes on the 11th unless payment arrangements have been made in the office.
- I understand to withdraw my child from Wesley Day School, a 30 day written notice must be turned in to the office and I am responsible for tuition during this time.

Extend Care Fees 2021-2022

Early Bird AM Drop-Off 8-9am	Fun Club After School 1:45-5:00
\$140 per month \$50 non-refundable deposit required.	\$300 per month This fee includes Early Bird morning drop-off. A \$50.00 non-refundable deposit required.

Tuition may be paid by ACH debit, cash, check, debit or credit card.

Forms to enroll in ACH Debit are available in the office.

Cash payments must be given to an office administrator in order for you to be given a receipt.

Wesley Day School is not responsible for any payments left in a child's backpack.

To pay by debit or credit card, please use the card kiosk located near the school office.

New Processing Fee- Starting Winter/Spring 2021 a flat fee of \$3.00 will be added to all online and kiosk transactions; ACH debit, cash, and checks will continue to be accepted with no fee.

Students Name(s): _____

Parent/Guardian Signature: _____ Date: _____

Regular Tuition fees only (please initial) _____ Extended Care additional fees (please initial) _____

Admission Application for Wesley Methodist Day School Program 2021-2022

Please mark all boxes with the appropriate information, "n/a," or "none."

Child's Name		Preferred:	Date of Birth <i>mm/dd/yyyy</i>	Age <i>as of Sept 1</i>	Date of Admission 8-30-21
Address			City	State	Zip Code
Gender	Church Home, if any	Email		Home Phone Number	
Parent/Guardian				Mobile Number	
Place of Employment				Work Number	
Address if different from child				Other Number(s) While Child is in Care	
Parent/Guardian				Mobile Number	
Place of Employment				Work Number	
Address if different from child				Other Number(s) While Child is in Care	

Emergency Contacts

(Persons to call in an emergency if guardians cannot be reached. Persons are authorized to pick your child from school.)

Emergency Contact 1	Relationship	Address	Phone Number
Emergency Contact 2	Relationship	Address	Phone Number

Additional persons (not listed above) allowed to pick your child up from school

*I hereby authorize Wesley Methodist Day School to allow my child to leave ONLY with the following persons.
Children will only be released to a parent or a person designated on this form after verification of ID.*

Name	Relationship	Phone Number
Name	Relationship	Phone Number
Name	Relationship	Phone Number

Authorization for Emergency Medical Attention

In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:

Preferred Hospital	Address	City	Phone Number
Physician	Address	City	Phone Number

I give consent for the facility to secure any and all necessary emergency medical care for my child.

Parent/Guardian Signature: _____

Medical History

FOOD or OTHER ALLERGIES, diagnosed by a Physician (Requires an additional form signed by doctor.)
OTHER special medical issues such as existing illness, previous serious illness/injuries/hospitalizations, medications.



This form is not complete without a parent/guardian signature on the Admission Agreement on the back of this page.

Office Use Only: <i>Returning Student Y N Sibling Y N</i> WUMC Member <i>Y N</i> Registration Fee \$ _____	Total Paid: \$ _____ Cash, Credit, Check # _____ Date Received _____ by: _____ Admission Approved _____ by: _____
Withdrawal Date _____	

Admission Agreement

My child is normally in the care of Wesley Methodist Day School during the following times:

- M-Th – 9:00 am to 1:45 pm.
- With an additional fee, I have the option to use the extended care. Hours are 8:00-9:00 am and 1:45-5:00 pm. M-Th.

I give consent for my child to:

- participate in water table play and
- be transported for emergency care/evacuation.

I am aware that Wesley Methodist Day School Program does not

- transport any child (except in emergency evacuation),
- participate in water activities (except water table play),
- serve meals to the children, or
- provide care for school-age children.

I agree to provide, by the first day of school,

- a current immunization record and
- a physician's consent to attend preschool.

I understand I will receive a school calendar and parent handbook at Parent Orientation in August that includes information on:

- | | |
|---|----------------------------------|
| • Discipline & guidance | • Release of children |
| • Suspension & expulsion | • Illness & exclusion criteria |
| • Emergency plans | • Medications |
| • Health checks & Immunizations | • Snacks & Meals |
| • Safe sleep | • Biting/Behavior Policy |
| • Procedures to discuss concerns | • Administration of Benadryl |
| • Procedures for parents to participate | • Procedures to visit the school |
| • Contact info for Licensing, DFPS, & Child Abuse Hotline | |

My signature assures that all the given information is true. If any of the information should change, I will notify personnel so that the changes can be made on all of my child's records.



Signature: _____ **Printed Name:** _____ **Date:** _____

Required Notifications

American Disabilities Act: I understand that child daycare operations are public accommodations under the Americans with Disabilities Act (ADA) Title III. If I believe that such an operation may be practicing discrimination in violation of Title III, I may call the ADA Information Line at (800) 514-0301 (voice) or (800) 514-0383 (TTY).

Gang Free Zone: Under the Texas Penal Code, any area within 1000 feet of a child care center is a gang-free zone, where criminal offenses related to organized criminal activity are subject to harsher penalties.

DFPS Privacy Statement: Department of Family Protective Services values your privacy. For more information, read their Privacy and Security Policy at www.dfps.state.tx.us/policies.asp.

Wesley Methodist Day School Parent Initials Required Form

Child's Name _____

Please initial – Student placement expectations

___ If applying for Jumpstart, child must be 12 months by September 1st and walking. Students should also be able to use sippy cups.

___ If applying for preschool 3's, child must be 3 by September 1st and self-sufficiently potty trained.

___ If applying for preschool 4's, child must be 4 by September 1st. Students age 5 by September 1st may be admitted on a case by case basis. These students are usually ready for Kindergarten.

___ I have paid \$50.00 non-refundable reservation fee for extended care. (office initial ___)

Please initial - Photographs and Videos

___ I give permission for my child's picture or video to be taken and used for activities and events of the Wesley Methodist Day School. These may be used in crafts, school made books, school or church newsletters, and to promote public relations in print and social media.

___ I do NOT give permission for my child's picture or videos to be published.

Please initial – Benadryl Emergency Use Only

___ I give my permission for WMDS to administer Benadryl in an emergency situation.

___ I do NOT give my permission for WMDS to administer Benadryl in case of an emergency.

Parent Signature _____

Date _____



Physician's Consent Form 2021-2022 School Year

This form, signed by a doctor and a current Immunization Record must be submitted prior to the first day of school.

A new form needs to be signed for each school year.

Child name: _____

DOB: _____

The above patient has been seen in my office within the last year, and I find this child to be physically and mentally able to attend the Wesley Methodist Day School program.

Physician's Signature: _____

Date: _____