

Methodist Day School, Terrell 2024-2025 Enrollment

MDS is for students that will be 3 years of age or older by September 1.

Priority enrollment begins- March 4, 2024, 8:00am

Enrollment is open to current MDS students, siblings of current MDS students, MDS staff's children, and FUMC Terrell members.

How to enroll during priority enrollment?

- Enrollment will be accepted beginning at morning drop off on 3/4/23 and will continue until open enrollment begins at 9am on 3/20/23.
- Enrollment forms will not be accepted before 3/4/23.
- Priority enrollment is open to current students, siblings of current students, MDS staff children and FUMC Terrell members only. However, classes may fill quickly, and enrollment is not guaranteed. It is important that you turn in your enrollment paperwork and fees early.
- **Paper Enrollment forms and fees must be handed to the director** and not sent in the student's folder, given to church office staff, nor given to the teacher. This will ensure registrations are accepted in the order in which they are received.
- **Payment for current students can be done online.** Payments may be made on ProCare for current families. Online payments are timestamped to keep track of who enrolled first. But remember completed forms **AND** payment must be complete for a child to be considered enrolled.
- **Enrollment fees are non-refundable.**

Open enrollment begins- March 20, 2024, 9:00am

Enrollment open to the community-

How to register at open enrollment?

- **All new families, must complete a tour of the school with their child before enrolling.**
- Enrollment will be held in the fellowship hall. No one will be permitted in the building until 9:00am.
- Bring enrollment forms completed.
- Bring enrollment fees, cash, or check only (No credit card or debit cards accepted)
- Open enrollment forms and fees will not be accepted before this date.
- Enrollment forms and fees must be handed to the director, not to the church office staff. This will ensure enrollments are accepted in the order in which they are received.
- This enrollment period is for the spots that were not filled by children already in our program, their siblings, or members of the church. When classes fill, children will be added to our wait list.
- **Enrollment fees are non-refundable.**

Any questions call Stephanie Randall, Director at 972-563-6274 ext 406

**Methodist Day School Terrell
2024-2025 Tuition and Fees**

MDS is for students that will be 3 years of age or older by September 1 and that are fully potty trained.

Pre-K3 (Monday/Wednesday) or (Tuesday/Thursday), 8:00am-2:00pm

Registration Fee (non-refundable)	\$265.00	(one-time fee due at time of enrollment)
Supply/Curriculum fee	\$150.00	due September 1 st
	\$150.00	due February 1 st
Monthly Tuition	\$265.00	due 1 st of each month (September-May)

Pre-K3 (Monday-Thursday), 8:00am-2:00pm

Pre-K4 (Monday-Thursday), 8:00am-2:00pm

Registration Fee (non-refundable)	\$410.00	(one-time fee due at time of enrollment)
Supply/Curriculum fee	\$150.00	due September 1 st
	\$150.00	due February 1 st
Monthly Tuition	\$410.00	due 1 st of each month (September-May)

**The registration fee must accompany completed registration forms for a child to be officially enrolled in the program. The registration fee is nonrefundable.

**Tuition and fees are due in full whether the child attends all sessions or not. Parents are responsible for the payment until the program is notified in writing that the child is being withdrawn. 30-day written notice of withdrawal is required.

***Sibling discount 1 Registration fee per family. *The Registration Fee that is highest will be charged.*
Siblings receive \$25 off 1 child’s tuition per month

****Additional programs such as Spanish class are available at an additional cost

Important Back to School Dates and Information

Required Parent Orientation- All students **must** have a parent or guardian present. Please no children.
Tuesday August 20, 6:30pm

Meet the teacher-

M/W classes-	Monday	August 26
T/TH classes-	Tuesday	August 27
M-Th classes-	either	August 26/27

FIRST DAY OF SCHOOL-

M/W classes	Wednesday	August 28
4 day classes	Wednesday	August 28
T/Th classes	Thursday	August 29

Hours-

Doors open	8:00am
Academic Hours	8:30am-2:00pm

*We follow the Terrell ISD school calendar for holidays and bad weather. A school holiday and tentative events calendar will be mailed with a welcome letter and more information will be sent out over the summer.

What your child needs for school

- All students need to bring a water bottle and a full-size backpack.
- All students need to bring lunch and a snack each day. *Please do not send anything that has to be warmed.*
- All students need to bring a weather and size appropriate change of clothing every day.
- All students will go outside EVERYDAY. Please send weather appropriate clothing, coats, hats etc. every day. Make sure it is all labeled.
- All students need a nap mat. This needs to be the quad-fold vinyl red/blue, Kinder-mat. The brand does not matter but it does have to be easily cleanable vinyl and needs to be red on one side and blue on the other and fit in their cubby. Your child can also bring a small blanket and pillow from home to rest with. You will need to bring the blanket & pillow home each week to wash and return to school.
- Your child will be provided with a folder for communication. Please check your child's folder every day and return it every day.

Methodist Day School, Terrell
ENROLLMENT FORM 2024-2025

Methodist Day School, Terrell
First United Methodist Church of Terrell
503 W. College St, Terrell, TX 75160
Telephone: 972-563-6274 ext. 406

Register my child for:

_____ Pre-K3 (Circle one) M/W **or** T/TH **or** M-TH
_____ Pre-K4; M-TH

Date child will start school (Circle one)

Wed. August 28, 2024 Thurs. August 29, 2024 other: _____

Child's Full Name — Last, First, Middle

Child's Age, Sept. 1, 2024

"Go By" Name

Sex

Birth Date

Address- City, State, ZIP

Mother's Name

Mother's Email

Mother's Home Address (if different than child)

Mother's Home & Cell Phone

Mother's Business, Business Address, City, ZIP

Mother's Business Phone

Father's Name

Father's Email

Father's Home Address (if different than child)

Father's Home & Cell Phone

Father's Business, Business Address, City, ZIP

Father's Business Phone

Parents' Marital Status:

Who has legal custody of the child? _____

May MDS release your child to the non-custodial parent? Yes _____ No _____

Legal Guardianship: In the event that one parent is the sole legal guardian of a child, we must have a copy of a legal document evidencing this authority.

PLEASE FILL OUT FRONT AND BACK OF FORM

***Please Fill out Form Completely, Do NOT leave any blanks**

Emergency Contacts: **(MUST have 2 contacts, other than parents)**

Parents listed on the front of this form will be contacted first in case of any emergency. Then the emergency contacts in the order they are listed if the parents cannot be reached

_____ Name	_____ Relationship to child
_____ Address City State Zip	_____ Work Phone
_____ Home Phone	_____ Mobile Phone
_____ Name	_____ Relationship to child
_____ Address City State Zip	_____ Work Phone
_____ Home Phone	_____ Mobile Phone

I authorize that my child, be released by Methodist Day School, Terrell to the following persons:

_____ Name	_____ Relationship to child
_____ Address City State Zip	_____ Work Phone
_____ Home Phone	_____ Mobile Phone
_____ Name	_____ Relationship to child
_____ Address City State Zip	_____ Work Phone
_____ Home Phone	_____ Mobile Phone

Additional authorized pick-ups can be added to ProCare by the parent at any time. However, parents must notify MDS in writing prior to dismissal time if someone new is picking up the child. Please advise this person to bring a picture ID to show the teacher/director.

I give permission for Methodist Day School/First United Methodist Church of Terrell to release my child to the above listed persons. **Both those listed as Emergency Contacts and those only on the authorized pick up list.**

Parent's Signature

Date

**Methodist Day School Terrell
Medical History**

Child's Full Name

Child's Date of Birth

Has your child ever been seriously ill or had any serious injuries? _____

Has your child been hospitalized in the last 12 months?

If yes, please explain _____

Does your child have any allergies? _____

If yes, please list all allergies, reactions when having an allergic reaction and what MDS should do when your child is having an allergic reaction. _____

Does your child see well? _____

Does your child hear well? _____

Is your child subject to any recurring ailments? _____

If so, please explain _____

Please list any existing medical, emotional, or behavioral challenges.

Please list any medications prescribed for continuous, long-term use.

Any other information you would like to share about your child's or family's medical history that would be helpful for us to know.

**Methodist Day School Terrell
Authorization for Emergency Medical Care**

Please Fill out Form Completely, Do NOT leave any blanks

Child's Full Name

Child's Date of Birth

If I cannot be reached to arrange emergency medical care at the time of an illness or accident, I authorize Methodist Day School/First United Methodist Church of Terrell and its representatives to obtain medical treatment and transport my child to medical treatment as necessary during any school activity.

Parent's Signature

Date

Physician's Name

Physician's Phone Number

Physician's Physical Address, City, State and Zip

MUST BE COMPLETED

Name of preferred Emergency Medical Facility

Phone Number

Physical Address, City, State, Zip

Methodist Day School Terrell Permissions

Permission to use likeness

*Please initial each blank that you agree to allow, and sign and date below.

I _____, parent of _____
allow Methodist Day School

_____ To use pictures/videos of myself and my child, with or without a name in all promotional or informative forms of media, including but not limited to print, social, and web media. *Without this permission your child's picture will not appear in any of our weekly Facebook posts or will have a sticker over their face.*

_____ To use pictures/videos of myself and my child, with or without a name on display at the School in the classrooms, hallways and throughout the facilities. *Without this permission your child's picture will not appear in the hallways, bulletin boards, desks, ect.*

_____ To use in pictures/videos of myself and my child, with or without a name in private school media/communications, such as, but not limited to, classroom Procure groups. *Without this permission your child's picture will not be sent to you throughout the day, nor taken at all.*

Parent signature

Date

Permission for Field Trips

Children here at Methodist Day School have a wonderful opportunity to take many "walking" field trips throughout the year. These trips include, but are not limited to, walking to the public library once a month, walking across the street to gardening once a week during the fall semester, walking to local a dentist's office for our Healthy Bodies unit of study, and walking to the local Share Center to deliver collected items for our annual pajama and food drives. All trips are carefully planned, supervised and parents are given notice of each trip. The school provides insurance for the children while on school property as well as while on school outings. This permission slip is to save the time of sending home weekly permission slips throughout the year.

Permission slips for larger trips that require parent transportation and supervision will be planned throughout the year and specific permission slips will be sent home for each of those.

I, _____, give permission for my child _____
to participate in any of the walking field trips taken by Methodist Day School planned and supervised by the teachers and volunteers of the school.

Parent signature

Date

Permission for Waterplay

*Please initial each blank that you agree to allow, and sign and date below.

I _____, allow my child _____
to participate in the following forms of waterplay while supervised by a staff member or
volunteer of Methodist Day School.

- _____ Waterplay in sensory bins
- _____ Waterplay in sprinklers/water hoses
- _____ Waterplay in wading/splashing pools

Parent signature

Date

**Methodist Day School Terrell
Policy Agreements**

Policy Regarding Special Needs Students

Students with special needs – developmental, educational, medical, etc. – must be evaluated on an individual basis. If you have any questions or concerns contact the Director, Stephanie Randall at 972-563-6274 ext 406.

A student may not be admitted with special requirements that exceed the training or expertise of Methodist Day School faculty and staff or that exceed the facility resources of the school. We would be happy to assist you in finding other resources that would best meet your child's needs.

Our center does accept children with special needs, whose needs do not exceed our staff's training. We do not have staff members who are licensed, certified, or trained in caring for children with special needs.

If the parent provides an IEP from a local school district, we will make every effort to incorporate the plan, where applicable, into the child's daily activities. Our center will attempt reasonable accommodations in the classroom, but the accommodations must not require additional equipment, additional staff, or violate minimum standards in order to provide care. If your child currently receives ECI services, or other medically required accommodations or services, we will make every attempt to provide the specialist or provider with requested classroom times and a space to provide services.

We do ask our teachers to document classroom behaviors and academic concerns and communicate any concerns to directors. Directors will provide parent conferences as needed. If the parent is provided documented concerns and does not follow up with a physician, therapist, or diagnostician in a timely manner to address the concerns, we may ask you to seek alternative care for your child.

Policy Regarding Potty Training

All children enrolled in Methodist Day School, must be potty trained. The classes are designed to get students ready for kindergarten and include a curriculum of fun-filled learning. The nature of these classes, along with our state licensing standards, does not allow for diaper changing.

We consider children fully potty trained when they can do the following things independently:

- *Be able to TELL the teacher that they need to go BEFORE they have to go.
- *Be able to pull down and up their own clothing without assistance.
- *Be able to use toilet paper properly and effectively.
- *Be able to wash their hands independently.
- *Be able to postpone going to the bathroom if they must wait for someone who is in the bathroom or if the class is outside not near a restroom.

However, we do understand that children have accidents occasionally and need additional assistance when they are struggling. We will assist children when they are struggling.

Even if your child is fully potty-trained illnesses and spills still happen. Please send a change of size and weather appropriate clothes to school each day with your child.

Policy Regarding Snack and Lunch

Students must bring a snack and lunch from home every day. Do not send food that needs to be prepared or heated in any way. Lunches need to be in a lunch box, with an ice pack if necessary and labeled with your child's name.

We ask that you label the snack so that we know which items are for snack and which are for lunch.

Please only bring snacks/treat to share with the class on your child's birthday or for special occasions such as class parties.

Classroom allergy lists will be sent home. Please be sure to be mindful of the needs of the students and staff in the classroom to keep everyone safe.

In the Pre-K3 classroom, please avoid sending items that pose a choking hazard such as grapes, carrots, cherry tomatoes, sausages, hot dogs, cheese cubes, chewing gum, caramels, nuts and seeds, jelly beans, lollipops, dried fruits, gummy fruit snacks, marshmallows, hard candies, popcorn, hard pretzels, spoonfuls of nut butters. need to be avoided or cut into pieces that will minimize the opportunities for choking.

In the Pre-K4 classroom please cut whole round or tube-shaped foods such as grapes, cherry tomatoes, raw carrots, sausages, and hot dogs to avoid choking.

MDS will provide water every day. Please send your child with a full, labeled water bottle every day.

Terrell Methodist Day School is not responsible for the nutritional value of a child's lunch nor for meeting the child's daily food needs.

I have read, understand, and agree to the Special Needs Policy, the Potty Training Policy, and the Snack and Lunch Policy of Methodist Day School

Parent Signature

Date

Policy Regarding Fundraising

Methodist Day School is a non-profit ministry of First United Methodist Church of Terrell. As such it is our hope to provide a safe, nurturing environment that provides an outstanding early childhood education for the children of Terrell and the surrounding areas at an affordable rate. To this end, MDS's tuition rate only covers the staff's salaries. All other funding for MDS comes from parent fundraising and by offsetting costs with parent volunteer hours. This additional funding is used to pay fees associated with licensing requirements, staff training, updating furniture, supplies and curriculum, and the many other expenses that are part of operating a high quality licensed childcare center.

We do 2 fundraisers a year.

Our annual Breakfast with Santa Event which is held the 1st Saturday of December and a Spring semester fundraiser that varies based on our school's needs.

All families are asked to participate in Breakfast with Santa in the following ways.

- Sell a minimum of 10 breakfast tickets, sell a minimum of 1 sponsorship or a donation equal to the amount of 1 sponsorship.
- Donate or solicit donations for goods or services for the silent auction/raffle
- Volunteer to help with the Breakfast with Santa event (this can be in preparation for the event or at the actual event)

A spring fundraiser if our fundraising goal is not met at Breakfast with Santa.

All families are asked to either participate in the spring semester or to make a donation to MDS to help with the remaining funds needed.

I have read, understand, and agree to the Fundraising Policy for Methodist Day School of Terrell.

Parent Signature

Date

MDS Payment Contract for 2024-2025

Name of Student _____

Monthly tuition _____ Class _____

Tuition payments are due on or before the 5th of the month, beginning with September and ending with May. Payment in the form of check or money order may be dropped in the tuition box located near the restrooms in the hall of MDS or sent in the zipper pocket of your child’s daily folder. Make checks payable to Methodist Day School. Cash payment must be personally delivered to the director or church office. Parents or Guardians must obtain and keep a written receipt signed by a director or the church office manager to establish proof of any cash payment.

Credit Card, Debit Card or ACH payments may be made online through ProCare. All online payments will incur a \$10 convenience fee. This fee will automatically show up on your monthly invoice no matter your form of payment but will be removed if you pay with cash or check.

Tuition payment instructions are set forth above. Methodist Day School’s tuition is computed on an annual basis then divided equally into nine (9) monthly payments September-May for your convenience. Students are admitted for the entire school year and are expected to attend school regularly and pay tuition on time monthly.

Other Fees:

\$25.00 + \$5.00 per additional day late payment for payments received after the 5th of each month.

\$10.00 per every 5 minutes for late pick up for children picked up 10 minutes after the close of the school day.

\$5.00 per instance (after the first 2) for not signing in/out your child through the ProCare ap.

We, the parent(s) or guardian(s) understand and agree that Methodist Day School plans its school year and commits to financial obligations in reliance upon our commitment for our students to attend Methodist Day School for a full school year. If you must unenroll your child, we ask that you give the school 30 days written notice. Full tuition for the month will still be required.

Emergency Declaration’s Tuition Policy: Please understand that MDS does our best, but we recognize that no contract can cover all situations. Should the building need to close for any time required by law, full tuition is due for the current month. If the building is closed for more than the current month, 75% of tuition will be due because our staff will continue teaching through virtual learning. Staff will continue to contact students and be there as a resource for you.

In consideration of acceptance of this contract, we hereby acknowledge our understanding of all provisions of this contract. We sign this payment contract with the desire and intent to enroll our student at Methodist Day School for the 2024-2025 school year.

We/Our above refers to the Parents/Guardians signing below (even if only one parent/guardian signs).

_____	_____	_____
Parent/Guardian Name Print	Parent/Guardian Signature	Date

Stephanie Randall	_____	_____
MDS Director Name Print	MDS Director Signature	Date

Tell Me About Your Child

As the person most important in your child's life, you have valuable insights that might be useful in class and getting to know your child. Please answer the following questions to help us learn a bit more about your child.

Child's Name: _____ Any nickname: _____

What does your child call you? _____

Parents' careers: _____

3-5 words to best describe your child: _____

Your child's interests: _____

Your child's attitude towards school: _____

Your child's strengths are: _____

Academic/social concerns I have for my child: _____

Some things I would like my child to gain from their time at Methodist Day School:

Any other information that may be helpful: _____

**Methodist Day School Terrell
Physician's Report**

**Please have the following completed and signed or stamped by your child's physician.*

**Please attach a copy of your child's immunization records, or exemption to this form.*

This form and a copy of your child's immunization records must be on file at the school **BEFORE your child can begin school.*

Date of Exam: _____

Child's Full Name

Date of Birth

Name of Physician

Telephone Number

Physical Address, City, State, Zip

Physical Examination

This child found to be in good health and is reaching all developmental milestones at an acceptable pace: _____ Yes _____ No

Abnormalities as follows:

Is this child able to participate fully in the following:

A. Classroom and academic activities? _____ Yes _____ No

B. Gross motor activities such as running, tumbling, climbing, etc.? _____ Yes _____ No

If limitations are advised, please specify those limitations:

Does this child have any physical, developmental, or behavioral problems that may affect them in school, and if so, what recommendations are made to the school to assist the child?

Physician's Signature/Stamp

Date

***Please attach a copy of your child's immunization records for our file. The immunization records must include a physician's stamp/signature, physician's clinic contact information including name, address, and phone number, vaccine name, vaccination date (month, day, and year)