First Methodist Humble | 800 East Main Street, Humble, TX 77338 | 281-540-7000

CWM Children's Weekday Ministries

2023-2024 REGISTRATION CHECKLIST

This page needs to accompany your attached forms to complete your registration. Please go over this form before you turn your paperwork in.

Child's Name: _____ Date of Birth: _____

1 REGISTRATION INFORMATION

Summer Session is only for those enrolling in the 2023-2024 School Year or Graduates of PreK-4.

⇨ I am registering for the 2023 Summer Session June 5, 2023-August 30, 2023 ☐ YES ☐ NO If yes, please complete the Summer Registration Form.

⇨ I am registering for the 2023-2024 School Year. September 6, 2023-May 23, 2024 ☐ YES ☐ NO If yes, please complete all Enrollment Paperwork.

2 COMPLETE ENROLLMENT PAPERWORK

-All paperwork must be completed in order to secure your child's spot.

- ☐ Enrollment Form
- ☐ Authorization for Emergency Medical Treatment
- ☐ Food Allergy Plan (If Child has Allergy)
- ☐ Financial Agreement **(ONE PER FAMILY)**
- ☐ Parent Acknowledgement & Release
- ☐ Well Statement-Signed by Pediatrician
- ☐ Hearing & Vision-4 year olds
- ☐ Current Shot Records

3 EMAIL PAPERWORK & WAIT FOR CONFIRMATION

→Email all Enrollment Paperwork to karmour@humblemethodist.com

- You will receive an email with further instructions to set up your payment information on Brightwheel.
- DO NOT create your Brightwheel Account until you receive the email with instructions.

4 REGISTRATION FEES

→The Registration Fee covers snacks, classroom start-up costs, classroom supplies, class parties and special events brought in during the year. All Registration Fees are due at the time of enrollment by either paying in full or setting up a payment plan.

Registration Fees are non-refundable and sibling discounts do not apply.

○ Summer Registration Fee	$75.00 per child	Family Total $ _____	Total Registration Fees
○ School Year Registration Fee	$375.00 per child	Family Total $ _____	

4 PAYMENT OF REGISTRATION FEES

☐ Pay in Full Date: _____

☐ Payment Plan Please complete the dates & amounts you would like charged. **All Registration Fees are MUST be paid in full by August 30, 2023.**

Date _____ Amount _____ Date _____ Amount _____

Date _____ Amount _____ Date _____ Amount _____

Parent Signature: _____ Date: _____

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Email: karmour@humblemethodist.com

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ENROLLMENT FORM

Child's Full Name: _____ Date of Birth: _____

☐ MALE ☐ FEMALE Name of Person Completing Form: _____

Child Lives With: ☐ Both Parents ☐ Mom ☐ Dad ☐ Guardian

Home Address: _____

City: _____ State: _____ Zip: _____

Parent Name: _____

☐ Mom ☐ Dad ☐ Step Parent ☐ Guardian

Cell Phone: _____ Work Phone: _____

Email Address: _____

Parent Name: _____

☐ Mom ☐ Dad ☐ Step Parent ☐ Guardian

Cell Phone: _____ Work Phone: _____

Email Address: _____

Parent Name: _____

☐ Mom ☐ Dad ☐ Step Parent ☐ Guardian

Cell Phone: _____ Work Phone: _____

Email Address: _____

In case of an Emergency, please contact the following person if parents cannot be reached:

Name: _____ Relationship to child: _____ Phone Number: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Is anyone other than Mom & Dad permitted to pick up your child from school? ☐ Yes ☐ No
If Yes, Please list them below.

Name	Phone Number	Relationship to Child

Does your child have any special needs or medical concerns, such as allergies, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information which caregivers should be aware of?

☐ YES ☐ NO If yes, please explain:

_____

_____

_____

_____

_____

Parent Printed Name _____ Parent Signature _____ Date _____

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PARENT ACKNOWLEDGMENT & RELEASE

Child's Name: _____ Date of Birth: _____

PLAYGROUND & WATER PLAY

→I hereby give permission for my child to participate in all activities and on play equipment at CWM. ☐ Yes ☐ No

→I hereby give permission for my child to participate in the following water activities. ☐ Water Table & Sprinklers ☐ Splashing & Wading Pools

→I recognize that accidents happen and agree to hold free of liability the staff and church at First Methodist Humble and Children's Weekday Ministries if such an incident occurs except in the case of proven negligence.

Parent Signature: _____ Date: _____

PICTURES & SOCIAL MEDIA

→My Child's name, address, email & telephone number may be published on a class list. ☐ Yes ☐ No

→My Child's photo may be published on the CWM / First Methodist Humble Website. ☐ Yes ☐ No

→My Child's photo may be published on the CWM Facebook Page. (No Names will be posted) ☐ Yes ☐ No

→My Child's name and picture may be published on the Brightwheel app for CWM. ☐ Yes ☐ No

Parent Signature: _____ Date: _____

SNACK & LUNCH

→I understand that CWM will only provide Snack for my child. ☐ Yes ☐ No

→I understand that CWM does NOT provide Lunch for my child. ☐ Yes ☐ No

→I understand that CWM is not responsible for my child's nutritional value or daily food needs.. ☐ Yes ☐ No

Parent Signature: _____ Date: _____

REGISTRATION

→I am aware that all registration fees are non-refundable and non-applicable to tuition amounts. ☐ Yes ☐ No

→I understand that it is my responsibility to update my child's enrollment file at CWM. ☐ Yes ☐ No
(i.e. New address, shot records, phone numbers, credit/debit card numbers, etc.)

→I acknowledge that CWM has directed me to the website to read the school handbook with written operational policies. CWM will notify via email and/or brightwheel app if any changes are made. I have read & understand the following. (Please check)

CWM HANDBOOK

- ☐ Discipline and Guidance
- ☐ Suspension and Expulsion
- ☐ Emergency Plans
- ☐ Safe Sleep
- ☐ Discuss Concerns with Director
- ☐ Parents to Participate at School
- ☐ Release of Children
- ☐ Illness and Exclusion Criteria
- ☐ Dispensing Medications
- ☐ Immunization Requirements
- ☐ Lunch/Snack
- ☐ Visit Center w/o Approval

Parent Signature: _____ Date: _____

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Children's Weekday Ministries

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

Child's Name: _____ Date of Birth: _____

PLEASE MARK YOUR CHILD'S PRIMARY DOCTOR'S INFORMATION

CWM is not recommending nor endorsing any of the following doctors or hospitals.

WeeKare Pediatrics
19333 US-59 #145
Humble, TX 77338
281-540-5437

- ☐ Angel Munoz
- ☐ Rebecca Hill
- ☐ Ross Taylor
- ☐ Jennifer Taylor
- ☐ Nhu Do
- ☐ Jacqueline Vo
- ☐ Anna Almaguer

Texas Children's Humble | Atascocita
18350 Timber Forest Drive
Humble, TX 77346
281-446-2196

- ☐ Mark Farrior
- ☐ Caitlin Carroll
- ☐ David Liong
- ☐ Amy Crissman
- ☐ Ellaine Lloren
- ☐ Kate Hurlbut
- ☐ Ashley Garibaldi

Kelsey Seybold | Summer Creek
8233 N. Sam Houston Parkway E
Humble, TX 77396
713-442-2000

- ☐ Carolyn Carlson
- ☐ Kathryn Tierling
- ☐ Ashley Savoie
- ☐

Kelsey Seybold | Kingwood
25553 US. Highway 59
Porter, TX 77365
281-442-2100

- ☐ Chikku Paul
- ☐ Amy Lothian
- ☐ Kathryn Wright
- ☐

Texas Children's Humble | Kingwood
611 Rockmead Drive
Kingwood, TX 77336
281-348-7575

- ☐ Thomas Leach
- ☐ Shaheen Mohsin
- ☐ Cynthia Smoot
- ☐ Kimberly Bloomberg
- ☐ Karl Migacz
- ☐

Texas Children's Pediatrics Kingwood
20035 West Lake Houston Parkway
Humble, TX 77346
281-359-1000

- ☐ SooPeen Chin
- ☐ Kelly Dorsett
- ☐ Kathleen Hassel
- ☐ Montgomery Zachary
- ☐ Vathsala Arivaratna
- ☐ Lauren Armendariz

Pediatrics of Greater Houston
7900 Fannin Street, St. 3300
Houston, TX 77054
713-630-0660

- ☐ Gina Stephen
- ☐ Don Schaffer
- ☐
- ☐

Texas Children's Humble | Fall Creek
9701 N. Sam Houston Parkway E.
Humble, TX 77396
281-441-6900

- ☐ Samira Armin
- ☐ Shaina Karabinas
- ☐ Anandita Pal
- ☐

If your child's doctor is not listed above, please complete this information.

Practice Name: _____

Doctor's Name: _____ Phone Number: _____

Address: _____ City: _____ Zip: _____

PLEASE MARK YOUR HOSPITAL PREFERENCE

☐ Texas Children's Hospital | Main Campus

Texas Children's Hospital

6621 Fannin Street
Houston, TX 77030
832-824-1000

☐ Texas Children's Hospital | The Woodlands

Texas Children's Hospital

17600 I45 South
The Woodlands, TX 77384
936-267-5000

☐ Kingwood Medical Center

HCA Healthcare

22999 US HWY 59 N
Kingwood, TX 77339
281-348-8000

☐ Memorial Hermann Northeast Hospital

MEMORIAL HERMANN Northeast

18951 Memorial North
Humble, TX 77338
281-540-7700

→I give permission for my child to be transported and supervised by a CWM staff member in case of emergency.

☐ Yes ☐ No

→In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize CWM's director or person in charge to take my child to the above locations for necessary treatments.

☐ Yes ☐ No

Parent Signature: _____ Date: _____

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WELL STATEMENT & SHOT RECORDS
HEARING & VISION (4YRS)

1 WELL STATEMENT

Child's Name: _____ Date of Birth: _____

I have examined the above named child within the past year and find that he/she is able to take part in a preschool program at Children's Weekday Ministries.

Physician Printed Name: _____

Physician Signature: _____ Date: _____

Parent Signature: _____ Date: _____

2 SHOT RECORD

☐ All CWM students must be current with his/her vaccinations to attend, **attach a copy of his/her current shot records to this form.**

→For additional information regarding immunizations, visit the Texas Department of State Health Services website.

IMMUNIZATION INFORMATION

3 HEARING AND VISION-ONLY FOR CHILDREN WHO ARE 4YRS OLD.

→All children who have turned 4 years old are required to have Hearing and Vision information on file. Please have your doctor complete this form or you may bring a signed copy from your doctor's office.

VISION	R 20/____	L 20/____	☐ PASS ☐ FAIL
Doctor Signature: _____			Date: _____

HEARING	1000 Hz	2000 Hz	4000 Hz	☐ PASS ☐ FAIL
Right				
Left				
Doctor Signature: _____				Date: _____

Form may be emailed: karmour@humblemethodist.com

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CWM Children's Weekday Ministries

FOOD ALLERGY PLAN

ONLY COMPLETE IF YOUR CHILD HAS A FOOD ALLERGY!

Child's Full Name: _____ Date of Birth: _____

Doctor's Signature:: _____ Phone Number: _____

THIS PORTION MUST BE COMPLETED BY YOUR CHILD'S PHYSICAN IF THEY HAVE A FOOD ALLERGY.

→Is this child Asthmatic? ☐ YES✳ ☐ NO ✳Higher risk for severe reaction.

_____ has an ALLERGY to the following food. _____

_____

_____

❶ TREATMENT

If food allergen has been ingested, but NO symptoms. ☐ EpiPen ☐ Antihistamine	Mouth-Itching, Tingling, or Swelling of lips, tongue, mouth. ☐ EpiPen ☐ Antihistamine	Skin-Hives, Itchy Rash, Swelling of Face or Extremities ☐ EpiPen ☐ Antihistamine
Gut-Nausea, Abdominal Cramps, Vomiting, Diarrhea ☐ EpiPen ☐ Antihistamine	Throat ✝ Tightening of throat, hoarseness, hacking cough ☐ EpiPen ☐ Antihistamine	Lung ✝ Shortness of breath, repetitive coughing, wheezing ☐ EpiPen ☐ Antihistamine
Heart ✝ Thready pulse, low blood pressure, fainting, pale, blueness ☐ EpiPen ☐ Antihistamine	Other ☐ EpiPen ☐ Antihistamine	If reaction is progressing (several areas affected) ☐ EpiPen ☐ Antihistamine

✝ The severity of symptoms can quickly change - Potentially life-threatening.

❷ MEDICATION DOSAGE

Epinephrine | Inject Intramuscularly

☐ EpiPen ☐ EpiPen Jr.

Antihistamine: Give _____ Dose: _____ How Often _____

Other: Give _____ Dose: _____ How Often _____

❸ EMERGENCY CALLS

→ Call 911, State that an allergic reaction has been treated, and additional epinephrine may be needed.

→ Call Doctor _____ Phone Number: _____

→ Emergency Contacts | List in the order you would like called.

Contact Name	Phone Number	Relationship

Parent's Signature:: _____ Date: _____

FINANCIAL AGREEMENT

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ONE FINANCIAL AGREEMENT PER FAMILY IS REQUIRED TO HAVE ON FILE

Tuition is due on the first-class meeting of each month unless a different date is approved by the office. CWM is a non-profit program: tuition pays for your child's educational materials and staff salaries.

Automatic Recurring Payment is required for all students. Your completed form will be kept in the CWM office. A fee of $25.00 will be charged for all declined recurring payments.

As long as your child is enrolled in our program, you will need to pay the full monthly charge. If your child is absent during any portion of, or the entire month, you will be charged the full monthly amount. Tuition is the same amount every month so that both you and CWM may budget accordingly. We do not offer make-up days due to class numbers & staffing. If it becomes necessary for you to withdraw your child from the program, we ask that you notify the CWM office two weeks in advance. This serves a dual purpose in that it relieves you from incurring monthly tuition, and it allows us to fill the vacancy in the particular classroom.

AUTO PAYMENT

All CWM families are required to use Auto Pay through the Brightwheel app. Parents are sent an email or text to prompt you to add your payment information. You have two choices when adding your payment method. CWM will set up your tuition plan and you are required to make sure the card on file or bank account is current. If your tuition plan is declined your account will get a $25 fee for the decline.

Banking Account-ACH (NO FEE TO PARENT) Credit Card (2.9% FEE TO PARENT)

brightwheel

MONTHLY TUITION PAYMENT PLAN

CWM allows our families to choose the date and amount that is charged for the monthly tuition within reason. Please complete the below section so we may set your payment plan up to work for your family. This payment plan will be in effect from **June 1, 2023** until you give two weeks notice to CWM. If you change your child's days/hours at anytime, we will update this form and have you sign a new agreement.
EACH FAMILY ONLY NEEDS ONE FINANCIAL FORM.
Tuition is a family plan and families with 2 more students receive at 10% discount on your families monthly tuition amount.

Monthly Tuition $ _____

Your Monthly Tuition Payment Plan may be set up with 1-4 payments per month. The total of the payments must meet the monthly tuition amount exactly.

Amount $ _____ Day of Month _____

Amount $ _____ Day of Month _____

Amount $ _____ Day of Month _____

Amount $ _____ Day of Month _____

This Financial Agreement will remain in full force and effect until I notify Children's Weekday Ministries in writing of its termination. I acknowledge and agree to the above financial agreement.

Child's Name(s): _____

Signature: _____ Date: _____

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2023-2024 School Year Calendar

We can not guarantee we will be able to have all events listed on the Calendar.
We will keep you updated throughout the year if changes are made to any dates. Thank you for your understanding.

September 2023

5th Meet the Teacher 4:00pm-5:00pm

6th First Day of 2023-2024 School Year

15th Back to School Splash Bash

26th & 27th Fall School Pictures

October 2023

18th Pumpkin Patch Day

31st Trunk or Treat
Halloween Class Parties

November 2023

17th Thanksgiving Family Breakfast
CWM will close at 2:30pm

20th-24th NO SCHOOL-Thanksgiving Break

December 2023

2nd Breakfast With Santa - Fundraiser

5th *CWM will close at 2:30pm*
for Humble Parade of Lights

8th CWM Christmas Play 11am

15th Christmas Class Parties-Wear PJ's
CWM will close at 2:30pm

18th-24th NO SCHOOL-Christmas Break

January 2024

1st & 2nd NO SCHOOL-New Year's Break

3rd Back to School

12th Hibernation Day-Wear PJ's

15th NO SCHOOL-MLK DAY

26th Snow Day

31st Dinosaur Day-Wear PJ's

February 2024

Community Helper Month-Dates TBD

14th Valentines Day Class Parties

19th NO SCHOOL-PRESIDENTS DAY

26th-1st Dr. Seuss Dress Up Week
Mon. 26th-Wear a Hat
Tues. 27th-Wear Crazy Socks
Wed. 28th-Dress Wacky
Thur. 29th-Wear PJ's
Fri. 1st-Wear College Shirt

March 2024

1st Cat in the Hat Visits CWM
Wear College Shirt

6th Rodeo Day

11th-15th No School-Spring Break

28th Easter Class Parties

29th NO SCHOOL-Good Friday

April 2024

9th & 10th Spring School Pictures

17th Teddy Bear Picnic-Bring a Teddy Bear

23rd & 24th Class Group Pictures

29th & 30th Jammin' Jungle Graduation Pictures

May 2024

3rd Bike Day
Dino's: 10am, Frogs: 10:30am, Jungle 11:00am

10th Mother's Day FUN!
Dinos & Frogs - 10am , Jungle - 1pm

13th-17th Summer FUN Week!
Mon. 13th : Movie & Popcorn *(wear pjs)*
Tue. 14th : Bounce House & Balloons
Wed. 15th : Parent Picnic (playground)
Thur. 16th : Shaving Cream FUN
Fri. 17th : Luau Party-Water Day

23rd Last Day of School
CWM will close at 2:30pm
PreK-4 Graduation Night-6:30pm
-Arrive at 6:00pm for Slideshow

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CWM
Children's Weekday Ministries

SCHOOL YEAR REGISTRATION

Child's Name: _____ Date of Birth: _____

1 REGISTRATION FEES

$375.00 per child

→Registration Fees Cover:
Snack & Supply fees, Classroom start-up costs, Classroom supplies, Class parties and special events brought in during the year.
All Registration Fees are due at the time of enrollment by either paying in full or setting up a payment plan.
Registration Fees are non-refundable and NO discounts apply.

2 CHILD'S CLASS AGE

→Check the class age that your child falls in on September 1, 2023.
If your child is 3 or 4 and is not fully potty trained they will need to stay in the Preschool classes until they are fully ready.
PreK-3 & PreK-4 students are required to attend a minimum of 3 days per week from 9:00am-2:30pm.

☐ INFANT	☐ PRESCHOOL	☐ PREK-3	☐ PREK-4
6 weeks-9 months	10 months-3 years	3 years old before 9-1-23 Fully Potty Trained	4 years old before 9-1-23 Fully Potty Trained

3 HOW MANY DAYS PER WEEK

→Monthly Tuition: 9:00am-2:30pm

Choose days ☐ M ☐ T ☐ W ☐ TH ☐ F

INFANT		PRESCHOOL		PREK-3		PREK-4	
2 days week	$300	2 days week	$300				
3 days week	$375	3 days week	$375	3 days week	$375	3 days week	$375
4 days week	$450	4 days week	$450	4 days week	$450	4 days week	$450
5 days week	$525	5 days week	$525	5 days week	$525	5 days week	$525

4 EARLY CARE

→Monthly Tuition | Early Care 7:00am-9:00am

Choose days ☐ M ☐ T ☐ W ☐ TH ☐ F

1 day week $30	2 day week $60	3 day week $90	4 day week $120	5 day week $150

5 LATE CARE

→Monthly Tuition | Late Care 2:30pm-5:30pm

Choose days ☐ M ☐ T ☐ W ☐ TH ☐ F

1 day week $45	2 day week $90	3 day week $135	4 day week $180	5 day week $225

I understand that tuition is monthly and I will be charged the full monthly amount even if we are out.
I understand that the Registration Fee is non-refundable and no discounts are applied.

Parent Signature: _____ Date: _____