

Methodist Day School
Registration Application 2026-2027

One form per student
PLEASE PRINT or TYPE

Child's Name _____	Date of Birth ____/____/____
Mailing Address _____	City _____ Zip Code _____
Physical Address (if different from above) _____	
Phone _____	Age as of 9/1/2026 ____ yrs. ____ mos. <input type="checkbox"/> male <input type="checkbox"/> female

Class (check one): Price per month (9 monthly payments required)

- | | |
|-------------------------------|-----------------------------------|
| ____ Kindergarten (M-F) \$280 | ____ Pre-K 4 year old (M-F) \$280 |
| ____ 3 year old (M-F) \$280 | ____ 3 year old (MWF) \$280 |
| ____ 2 year old (M-F) \$280 | ____ 2 year old (MWF) \$280 |
| ____ 18 month old (M-F) \$280 | ____ 18 month old (MWF) \$280 |

Will you need any of the following for an additional monthly fee? (rates available on our website www.fumcvictoria.com)

Early Bird Care (7:00am – 8:20am) Lunch Bunch (11:30am - 1:00pm) Extended Day (11:30am – 5:30pm)

Early Bird Care (7:30am – 8:20am)

Days Needed _____ Days Needed _____ Days Needed _____

Father's Name _____ Mother's Name _____

Phone _____ Phone _____

Email contact (please print or type) _____

First United Methodist Church member? yes no If no, indicate church membership _____

How did you hear about MDS? Child is Current/Former Student Other (please specify) _____

My signature verifies that I have registered my child at Methodist Day School at First United Methodist Church as indicated above. I agree to distribution of my child's birth date and contact information to classmates and authorize my child's name, photos or video being used for the purpose of advertising or promotion of Methodist Day School, a Ministry of First United Methodist Church. All first month's fees (early bird, day school, extended day) are due by July 25, 2026. Any unpaid fees by this date will void your child's registration for the 2026-2027 school year. I understand all registration fees and tuition payments are non-refundable. MDS accepts cash, check, or money order (no cards).

Acceptance of this form and the registration fee will assure my child a place at Methodist Day School for the 2026-2027 school year. I will honor my enrollment for the entire school year. The registration fee is \$400.

Parent or Guardian Signature

Date

Office Use Only
Amount Paid _____ Cash or Check # _____ Receipt _____
Received By _____ Date _____ Sib _____