

Methodist Day School
REGISTRATION Summer Program 2026

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 6/1/2026 ____yrs. ____mos.	<input type="checkbox"/> male	<input type="checkbox"/> female

Sessions Offered with Monthly Rate (check all that apply):

____ June - 7:30am-12:30pm	\$450	____ June 7:30am-5:30pm	\$625
____ July - 7:30am-12:30pm	\$450	____ July 7:30am-5:30pm	\$625

Father's Name _____	Mother's Name _____
Phone _____	Phone _____
Email contact (please print or type) _____	
First United Methodist Church member? <input type="checkbox"/> yes <input type="checkbox"/> no If no, indicate church membership _____	
How did you hear about MDS? <input type="checkbox"/> Child is Current/Former Student <input type="checkbox"/> Other (please specify) _____	

MDS requires a one-time summer program registration fee of \$100 for all returning students and students currently registered for the 2026-2027 school year - \$200 for non-MDS students. (ask about our non-MDS family registration discount for the upcoming school year)

June tuition is due by May 15, 2026. July tuition is due by June 15, 2026. Any unpaid fees by these dates will void your child's registration for the 2026 summer program. I understand all registration fees and tuition payments are non-refundable. MDS accepts cash, check, or money order (no cards).

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. Acceptance of this form and the registration fee will assure my child a place at Methodist Day School for the 2026 summer program.

Parent or Guardian Signature

Date

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