



Received By: _____

Date/Time: _____

Payment: \$275

ACH Due 3/25/26

(Office Use Only) _____

Family Registration Summary 2026/2027 School Year

Please return NO LATER than March 25th, 2026

Child's Name _____ Date of Birth: _____

MONTHS old as of 9/1/2026: _____ (calculator.net)

Must meet requirements highlighted below

Parent's Name: _____ Phone #: _____

Email: _____

Schedule Preference: (Select 1st, 2nd) *

Toddler Options (18M – 2YO+):

18 MO+ Pink MWF \$490/MO _____ 18 MO+ Pink Tues/Thurs.\$360/MO _____ 18MO+ Cloud M-F \$680/MO _____
(18-35 mo) **(18-35 mo)** **(18-30mo)**

PreK 2.5 Year-Old Options:

2.5+yr – Red Monday-Friday \$580/MO _____ 2.5+yr – Orange Tues/Thurs. \$350/MO _____
(30-38 mo) **(30-35 mo)**

PreK 3-Year-Old Options:

3yr+ – Yellow M-F \$550/MO _____ 3yr – Orange MWF \$420/MO _____ 3yr – Green Tues/Thurs. \$350/MO _____
(39-47 mo) **(36 – 47 mo)** **(36 -47 mo)**

PreK4 Year-Old & PK4 Year-Old Options:

4yr Purple **(48mo+)** Monday-Friday \$550/MO _____
4yr Blue **(48mo+)** Monday-Friday \$550/MO _____
4yr Green **(48mo+)** MWF \$ 420/MO _____

(See Pg 2 on Back)

- If placed in a class today, be prepared to pay \$150 Non-Refundable Registration Fee
- If placed in a class today, be prepared to pay \$125 Curriculum / Supply Fee
- Return Application & Current Immunizations & payment authorization by:

March 25th, 2026

Please Initial:

_____ I am _____ or I am not _____ an ACTIVE FUMC Portland Church Member

_____ I have received & signed "Toileting Policy" (ALL 3YO & 4YO Classes)

_____ I have received "Link to Family Handbook" www.fumcportlandtx.org/mds

_____ I have completed – Automated Processing Authorization (ACH)

_____ I have paid a total \$ _____ for the Registration Fee & Curriculum/Supply Fee (All Non-Refundable)

Form of Payment: _____ ACH

- Payment Arrangements if applicable: (See director)


Notes/Comments:

Sibling Tuition Discount: 10% for 2nd child, 15% for 3rd child &

Sibling Registration Fee: \$25 off for 2nd & 3rd child

Dear Parent(s),

Can you believe plans for the **2026-2027** school year are already underway? To streamline the Pre-Registration process, we are requiring certain information in advance to solidify your enrollment slot for next year. The information is as follows:

	Childs Name: _____ _____	Current Teacher 2025/2026 if applicable: _____
2026-2027 Admissions Form	<ul style="list-style-type: none"> The whole document must be completed, including the full Address & Phone number for Emergency Contact/Pick Up, Doctors and Hospital If your child has already turned 4 years old, the doctor can fill out the Hearing & Vision results from the child's 4-year-old physical. Pre-schedule Dr. appointments if applicable Complete Water Safety Addendum (NEW) Acknowledge Orientation Requirement (NEW) Signed field trip form (NEW) 	
Health Statement	<ul style="list-style-type: none"> The doctor can sign this form; it can be the child's latest physical; or a doctor's note stating the child is clear to participate in school. <i>If your child has a birthday from March-August, get the copy when the child goes to the doctor. Please do not make an extra doctor appointment for this</i> 	
Family Survey	<ul style="list-style-type: none"> Please fill this out completely; it gives the Teachers valuable information about your child and family 	
Immunizations – Updated	<ul style="list-style-type: none"> If your child has had immunizations since school started this year, bring an updated copy. <i>If your child has a birthday from June-August, get the copy when the child goes to the doctor. Please do not make an extra doctor appointment for this</i> <i>Please provide a copy of their MOST RECENT well child exam</i> 	
Registration Fee (Non-Refundable)	<ul style="list-style-type: none"> The Registration fee is \$150.00 (due with enrollment) Any siblings have a discounted rate of \$125.00. <ul style="list-style-type: none"> For example, a brother and sister would cost \$275.00; \$150.00 for the first child and \$125.00 for the second child 	
Curriculum/Supply Fee (Non-Refundable)	<ul style="list-style-type: none"> \$125 due with enrollment 	
Automatic Bank Draft *Update required	<ul style="list-style-type: none"> Automatic bank draft is the method of payment for tuition/fees. Even if we have your bank info on file, we will need an updated form. Draft options: 5th or split on the 5th and 15th 	

Your enrollment slot will only be held when ALL these items are completed and submitted starting at 9AM on Wednesday, March 25th

Pre-Registration will continue until Friday, March 31st but is on a first-come, first-serve basis.

If you have any questions, please meet with me ahead of time.

Open Enrollment to the public begins Thursday, April 9th. Please share this information with your friends and family. We appreciate your referrals. All information about Methodist Day School including family handbook, tuition, fees, staff, Facebook link, and calendar can be found on our website at www.fumcportlandtx.org/mds

Thank you,

Angela McDaniel, Director

Methodist Day School Tuition & Fees 2026-2027

Classes	Monthly Rates
Toddler	
M-F 18mo-30 mo (Cloud Room)	\$680 / Month
MWF 18mo – 35mo	\$490 / Month
Tuesday/Thursday 18mo-35mo	\$360 / Month
PreK 2.5-Year-Old	
M-F PK2.5 30mo-38mo	\$580 / Month
T/TH PK2.5 30mo +	\$350 / Month
PreK 3-Year-Old	
M-F PK3 39mo-47mo	\$550 / Month
MWF PK3 36mo-47 mo	\$420 / Month
T/TH PK3 36mo-47mo	\$350 / Month
PK 4 Year Old	
M-F PK 4 (Purple) 48mo+	\$550 / Month
M-F PK 4 (Blue) 48mo +	\$550 / Month
MWF PK4 (Green) 48mo+	\$420 / Month
<ul style="list-style-type: none"> • Registration Fee \$150 (Non-Refundable) • Curriculum/Supply Fee \$125 • Standard Operating Hours 8:30 AM – 2:30 PM <li style="padding-left: 20px;">Extended Hours 7:15 AM – 4:15 PM • Flat Rate Before/After Care \$200/Month • Morning Care - 7:15-8:30 AM \$7 Day • After Care – 2:30 – 4:15 PM \$10 Day 	

(Effective 3/17/26)

METHODIST DAY SCHOOL

ADMISSION INFORMATION 2026-2027

Operation: Methodist Day School		Director: Angela McDaniel	Date of Admission:	Date of Withdrawal:
Child's Full Name:		Child's Date of Birth:		Child's Age on Sept. 1, 2026:
Child's Home Address:		City:		Zip Code:
Mother/Guardian's Name:		Address (if different)		Email:
Mother/Guardian's Phone Number & Carrier (AT&T, etc.):		Employed by / Occupation:		Work Number:
Father/Guardian's Name:		Address (if different)		Email:
Father/Guardian's Phone Number & Carrier (AT&T, etc.):		Employed by / Occupation:		Work Number:
Religious Affiliation:	Name of Church you attend:			Are you actively involved?

Give the Name, Address and Phone Number of the person(s) to call in case of an Emergency if you the Parent/Guardian cannot be reached and CHECK OFF if they are an Emergency Contact and/or a person authorized to pick the child up from the childcare operation. **Children will only be released to a parent or person designated by the parent/guardian after verification of I.D. (18yr +).**

Name:	Relationship:	Address, including City & Zip Code:	Phone Number:	ER Contact:	Pick Up:
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

CHECK ALL THAT APPLY:

1. TRANSPORTATION:	I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give	- consent for my child to be transported and supervised by MDS employees and/or parents: <input type="checkbox"/> for Emergency Care <input type="checkbox"/> on Field Trips
2. FIELD TRIPS: *(See supplemental addendum)	I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give	- consent for my child to participate in Field Trips. (On Location: Chapel & Events All Ages) (Off Location: PK4 Only)
3. WATER ACTIVITIES: *(See supplemental addendum)	I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give	- consent for my child to participate in Water Activities: <input type="checkbox"/> Water Table Play <input type="checkbox"/> Sprinkler Play <input type="checkbox"/> Splashing/Wading Pools
4. RELEASE TO BE PHOTOGRAPHED/VIDEO:	I hereby <input type="checkbox"/> give <input type="checkbox"/> do give for (All Platforms) DOJO only	<input type="checkbox"/> do not give release for Class DOJO and/or any other social media platforms

5. RECEIPT OF WRITTEN OPERATIONAL POLICIES (See Family Handbook @ www.fumcportlandtx.org/mds)

I acknowledge receipt of the Family Handbook which includes the operational policies, discipline, guidance and family orientation requirements.

I acknowledge the MDS Policy that my child must be potty trained before entering the 3 and/or 4-year-old classroom.

I acknowledge childcare operations are public accommodations under ADA, Title III. If you believe an operation may be practicing discrimination in violation of Title III, you may call the ADA line at (800) 514-0301 (voice) or (800) 514-0383 (TTY)

I acknowledge any area within 1,000 ft. of MDS is a Gang-Free Zone under Texas Penal Code. Criminal offenses related to organized criminal activity are subject to harsher penalties.

6. I UNDERSTAND THE FOLLOWING: MEALS WILL BE SERVED TO MY CHILD WHILE IN CARE & MDS IS NOT RESPONSIBLE FOR ITS NUTRITIONAL VALUE OR FOR MEETING MY CHILD'S DAILY FOOD NEEDS:

AM Snack (Parent's provide) Lunch (Parent's provide) PM Snack in Aftercare (MDS provides)

7. MY CHILD IS NORMALLY IN CARE ON THE FOLLOWING DAYS AND TIMES: - (See Tuition Schedule)

<input type="checkbox"/> Tuesday/Thursday from 8:30 AM. to 2:30 PM \$ _____	EXTENDED CARE: (24mo+) <input type="checkbox"/> 7:15-8:30am: \$7.00 daily <input type="checkbox"/> 2:30-4:15pm: \$10.00 daily <input type="checkbox"/> Flat Rate Option \$ 200/ mo (Unlimited Before/Aftercare)	AUTO DRAFT: <input type="checkbox"/> 5 TH of the month
<input type="checkbox"/> Monday/Wednesday/Friday from 8:30 AM to 2:30 PM \$ _____		<input type="checkbox"/> 5 th & 15 th of the month
<input type="checkbox"/> Monday – Friday from 8:30 AM to 2:30 PM \$ _____		
<input type="checkbox"/> I understand there is a \$150.00 Non-Refundable Registration Fee & \$125 Non-Refundable Curriculum/Supply Fee (\$275 total)		

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION: (Must be filled out completely)

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:

Name of Physician:	Address, including City & Zip Code:	Phone Number:
Name of Emergency Medical Care Facility:	Address, including City & Zip Code:	Phone Number:

RELEASE OF LIABILITY:

I agree that Methodist Day School, its Board of Directors and First United Methodist Church will not be held responsible in case of sickness or injury to my child while in attendance and/or participation in an MDS activity.

I give consent for the facility to secure any and all necessary emergency medical care for my child. Furthermore, I understand any expenses incurred (which are not covered by First United Methodist Church's liability insurance) will be my responsibility.

Parent/Guardian Initials

SPECIAL NEEDS / ALLERGIES / MEDICATION (See attached Addendum)

- List any Special Needs your child may have, such as environmental and/or food allergies, developmental diagnosis, existing illnesses, previous serious illnesses, injuries and hospitalizations during the past 12 months.
- Please list any medication prescribed for long-term, continuous use & any other information which caregiver's should be aware of.

N/A Details:

IMMUNIZATION RECORD: Please check only ONE option

- I have provided the childcare operation with a copy of my child's most current Immunization Record.
- I have attached a signed & dated Affidavit stating that I decline Immunizations for reasons of conscience, including religious belief, on the form described by Section 161.0041 Health & Safety Code submitted no later than the 90th day after the affidavit is notarized. I understand the Affidavit is valid for 2 years.

For additional information regarding immunizations contact the Department of State Health Services at www.dshs.state.tx.us/immunize/public.shtm HHSC values your privacy. For more information, read our Privacy & Security Policy online at <https://hhs.texas.gov/policies-practices-privacy#security>

ADMISSION REQUIREMENT: Please check only ONE option

- HEALTH CARE PROFESSIONAL'S STATEMENT: I have examined the above-named child within the past year and find that he/she is able to take part in the childcare program.

Name of Physician:	Address, including City & Zip Code:	Phone Number:
--------------------	-------------------------------------	---------------

Health Care Professional's Signature _____
Date

- A signed and dated copy of a Health Care Professional's statement (Physical form) is attached.
- Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of. I have attached a signed and dated Affidavit stating this.
- My child has been examined within the past year by a Health Care Professional and is able to participate in the child care program. Within 12 months of admission, I will obtain a Health Care Professional's signed statement and will submit it to the child care operation.

VISION SCREENING Right Eye 20/ _____ Left Eye 20/ _____ PASS FAIL

Health Care Professional Signature _____
Date

HEARING SCREENING	1000 Hz	2000 Hz	4000 Hz	Results
Right				<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
Left				<input type="checkbox"/> PASS <input type="checkbox"/> FAIL

Health Care Professional Signature _____
Date

Parent/Guardian's Signature _____
Date

Staff Signature _____
Date

4-5 year olds ONLY

Family Survey

Child's Name: _____

Parent's Name: _____

1. What language does your family primarily speak at home?

2. What best describes your child's ethnicity? Hispanic Non-Hispanic

3. What best describes your child race?

- | | |
|--|--|
| <input type="checkbox"/> White | <input type="checkbox"/> Black/ African American |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Native American/ Indian |
| <input type="checkbox"/> Native Hawaiian | <input type="checkbox"/> Other: _____ |

4. Is your child potty trained?

- My child is in Diapers
- My child is in Pull Ups and/or in the process of Potty Training
- My child is Potty Trained (required for the 3 & 4 year old classes)

5. How did you hear about us?

- | | |
|--|--|
| <input type="checkbox"/> Friend / Word of Mouth Referral | <input type="checkbox"/> FUMC Portland Website |
| <input type="checkbox"/> Facebook / Social Media | <input type="checkbox"/> Advertisement |
| <input type="checkbox"/> FUMC Portland Digital Sign | <input type="checkbox"/> Newspaper |

6. What Parent Volunteer opportunities are you interested in (Examples are in the Family Handbook)?

- | | |
|---|--|
| <input type="checkbox"/> Room Parent | <input type="checkbox"/> Book-a-Palooza Committee |
| <input type="checkbox"/> Teacher Luncheon Committee | <input type="checkbox"/> Western Days Committee |
| <input type="checkbox"/> Fall Festival Committee | <input type="checkbox"/> Week of the Young Child Committee |
| <input type="checkbox"/> (e)Mpower Group | <input type="checkbox"/> Fundraising Committee |

7. Are you actively involved in a church? Yes No

a. If so, what denomination? b. Name of Church _____

- | | |
|--|--|
| <input type="checkbox"/> Methodist | <input type="checkbox"/> Catholic |
| <input type="checkbox"/> Non-Denominational | <input type="checkbox"/> Episcopalian |
| <input type="checkbox"/> Baptist | <input type="checkbox"/> Jewish |
| <input type="checkbox"/> Presbyterian | <input type="checkbox"/> Pentecostal |
| <input type="checkbox"/> Muslim | <input type="checkbox"/> Buddhist |
| <input type="checkbox"/> Lutheran | <input type="checkbox"/> Seventh Day Adventist |
| <input type="checkbox"/> Jesus Christ of Latter Day Saints | <input type="checkbox"/> None |
| <input type="checkbox"/> Hindu | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Church of Christ | _____ |

8. Tell me about things your child likes/ interests they have

9. Tell me about things your child dislikes

10. Does your child have any fears (thunder, bugs, animals, etc.)

11. Tell us about any developmental/ learning concerns you or your doctor may have, if applicable. Is your child receiving any services now or in the past? If yes please provide details

12. Tell us about other people in your household (siblings, other family members, etc.)

13. Tell us about any pets you have including name(s)

14. What are your child's favorite snacks/ foods?

15. Is there anything else you would like to share with us about your child or family?

16. Does your child have any special needs and or allergies we should be aware of?

- | | |
|---|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Allergic Reaction |
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Frequent Nose Bleed |
| <input type="checkbox"/> Speech Delay / Developmental Delay | <input type="checkbox"/> Other _____ |

Do we have an action plan and/or required medication registered with the office?

Methodist Day School -Preschool Toilet Training Policy

Children enrolled at Methodist Day School **must be toilet trained prior to entering the PreK3/PreK4 program**. Children must be wearing underwear. A child having accidents daily would not be considered toilet trained. Please note that wearing pull-ups is NOT considered toilet trained.

Why do children have to be toilet trained before they enter the PreK3/PreK4 program?

- There are strict standards for changing and disposing of wet or soiled diapers/pull-ups and our classrooms are not equipped for this.
- When an adult is busy changing a child's soiled clothing, it is taking away from learning time for all students, and it removes one adult from the direct supervision of and interaction with the rest of the class.

We do understand that even toilet trained children will occasionally have accidents. By definition, "accidents" are unusual incidents and should happen infrequently. In these instances, the teachers will help children to change their clothes, encouraging independence as much as possible.

A toilet trained child is a child who can do the following:

- Communicate to the teachers that he/she needs to go to the restroom before they need to go
- Alert him/herself to stop what he/she is doing, to go and use the bathroom
- Pull down his/her clothes and get them back up without assistance
- Wipe him/herself after using the toilet (with minimal assistance for 3-year-olds)
- Get on/off the toilet by him/herself
- Wash and dry hands
- Postpone going if they must wait for someone who is in the bathroom or if we are away from the classroom
- Wake up during nap time should they need to use the bathroom

We certainly will ask your child many times throughout the day and before nap time if they need to use the bathroom. A teacher will assist children as needed, but children should be able to complete toileting activities independently. This is an issue which protects all concerned.

It is not uncommon for a child who is fully toilet trained to have a setback when he/she is in a new environment. Methodist Day School staff are aware of this and will assist the children when necessary. Please have your child dressed in clothing that he/she can easily manage independently. Please send a complete change of clothes in the child's backpack that is appropriate for the season including shoes and socks. These items will be left in their backpack at school in case of accidents. Parents will be notified if a child has a toileting accident.

We understand that each child arrives at this milestone differently, therefore we will allow 3 weeks from the first day of school for your child to demonstrate accomplishment of this goal. However, if the situation is not manageable within the classroom environment, we will discuss the issue with the parents and reserve the right to postpone attendance of the child at such time. Payment of tuition is required to reserve your spot in the classroom during any potty training transitions.

A child will not be considered toilet trained for our PreK3/PreK4 program if the child continues to consistently have toileting accidents after the first 3 weeks of school.

After the first 3 weeks of school, the following policies will be in place for children who have accidents:

- If one or two accidents occur in one week, the parents will be notified with the understanding that the issue needs to be addressed and corrected. An action plan will be discussed with the parents.
- If three or more accidents occur in one week, the parent will be notified with the understanding that if the issue is not corrected by the end of the second week the child will have to stay home at least one week or longer until he/she is completely toilet trained. Tuition will continue to be paid while the child is home.
- If multiple accidents occur in one day, the parent will be notified and asked to pick up their child that day; and if not corrected by day three, the child will have to stay home at least one week or longer until he/she is completely toilet trained. Tuition will continue to be paid while the child is home.

Please note that this policy is not in place to shame or punish a child or inconvenience primary caregivers. Rather, cleaning accidents in the preschool setting is time consuming, and the time that teachers spend attending to and cleaning accidents is time they are not interacting with other children. This policy is intended to ensure the safety of children and staff at Methodist Day School.

Thank you for your cooperation and understanding.

PLEASE SIGN AND DATE BELOW INDICATING THAT YOU HAVE RECEIVED & REVIEWED THE METHODIST DAY SCHOOL TOILET TRAINING POLICY FOR OUR PREK3/PREK4 PROGRAM.

CHILD'S NAME: _____

PARENT'S SIGNATURE: _____

DATE: _____

WATER SAFETY ADMISSION ADDENDUM

(EFFECTIVE 3/20/2025)

CHILDS NAME: _____ PARENT NAME: _____

Methodist Day School participates in an annual “Splash” day during the month of May. There will be small splashing/wading pools and inflatable waterslides for children to play with during this time. All children are supervised according to licensing rules & regulations. However, we encourage families to participate with their children if they feel uncomfortable with their child around water. *

Is your child able to swim without assistance? Yes No

Does your child have any physical, health, behavioral or other conditions that would put them at risk while participating in splash/wading water play? Yes No

Do you want your child to wear a life jacket while in or near a wading pool or waterslide?

Yes No **If yes, parent must provide a US Coast Guard Approved life jacket**

A competent swimmer can enter and exit a pool safely on their own, tread water or float on their back for one minute, and swim 25 yards with no assistance

**I HAVE READ AND ACKNOWLEDGE THE ABOVE WATER SAFETY ADMISSION
ADDENDUM:**

SIGNATURE OF PARENT OR LEGAL

GUARDIAN

DATE

Methodist Day School

4545 Wildcat Drive
Portland, Texas 78374

Individualized Emergency Plan

Child's Name: _____ D.O.B.: _____

Parent's Name: _____ Phone: _____

Doctor's Name: _____ Phone: _____

To be filled out completely by the child's doctor:

List Food Allergies or Health Condition(s):

List Medications/ Equipment needed onsite:

Call 911 when the following symptoms occur:

Explain symptoms or health concerns to watch for and when to call Parent(s):

Does your child have any developmental and/or speech delays? Are you receiving services right now or in the past? Are there any other health concerns and/or special need we need to be made aware of?

Doctor's Signature: _____ Date: _____

(Doctor's Signature Only Required if completing an emergency plan)

Parent's Signature: _____ Date: _____

(Required Regardless)



Name: _____ D.O.B.: _____

Allergic to: _____

Weight: _____ lbs. Asthma: Yes (higher risk for a severe reaction) No



NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. USE EPINEPHRINE.

Extremely reactive to the following allergens: _____





THEREFORE:




If checked, give epinephrine immediately if the allergen was **LIKELY** eaten, for **ANY** symptoms.

If checked, give epinephrine immediately if the allergen was **DEFINITELY** eaten, even if no symptoms are apparent.

FOR ANY OF THE FOLLOWING:

SEVERE SYMPTOMS





			
LUNG	HEART	THROAT	MOUTH
Shortness of breath, wheezing, repetitive cough	Pale or bluish skin, faintness, weak pulse, dizziness	Tight or hoarse throat, trouble breathing or swallowing	Significant swelling of the tongue or lips

			OR A COMBINATION of symptoms from different body areas.
SKIN	GUT	OTHER	
Many hives over body, widespread redness	Repetitive vomiting, severe diarrhea	Feeling something bad is about to happen, anxiety, confusion	

⇓ ⇓ ⇓

1. **INJECT EPINEPHRINE IMMEDIATELY.**
2. **Call 911.** Tell emergency dispatcher the person is having anaphylaxis and may need epinephrine when emergency responders arrive.
 - Consider giving additional medications following epinephrine:
 - » Antihistamine
 - » Inhaler (bronchodilator) if wheezing
 - Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
 - If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
 - Alert emergency contacts.
 - Transport patient to ER, even if symptoms resolve. Patient should remain in ER for at least 4 hours because symptoms may return.

MILD SYMPTOMS

			
NOSE	MOUTH	SKIN	GUT
Itchy or runny nose, sneezing	Itchy mouth	A few hives, mild itch	Mild nausea or discomfort

FOR MILD SYMPTOMS FROM MORE THAN ONE SYSTEM AREA, GIVE EPINEPHRINE.

FOR MILD SYMPTOMS FROM A SINGLE SYSTEM AREA, FOLLOW THE DIRECTIONS BELOW:

1. Antihistamines may be given, if ordered by a healthcare provider.
2. Stay with the person; alert emergency contacts.
3. Watch closely for changes. If symptoms worsen, give epinephrine.

MEDICATIONS/DOSES

Epinephrine Brand or Generic: _____

Epinephrine Dose: 0.1 mg IM 0.15 mg IM 0.3 mg IM

Antihistamine Brand or Generic: _____

Antihistamine Dose: _____

Other (e.g., inhaler-bronchodilator if wheezing): _____

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We are excited to offer the safety, convenience, and ease of Tuition Express® a payment processing system that allows secure, on-time tuition and fee payments to be made from your bank account.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT

I (we) hereby authorize Methodist Day School to initiate debit entries to my (our) checking or savings account indicated below. To properly affect the cancellation of this agreement, I (we) am required to give 10 days' written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments.

In addition to monthly recurring drafts, I (we) hereby authorize Methodist Day School to initiate a debit to my (our) checking or savings account indicated below in the amount of \$ _____ on _____ for the Non-Refundable Registration/Curriculum Supply Fee required to secure my enrollment for the **2026/2027 School Year**.

Please Use my Existing Banking Information: _____ Yes **[Stop Here and Provide your Full Signature at bottom of the page]**

BANK AUTO DRAFT INFORMATION

Your Name		Phone #		
Address		City	State	Zip
Bank or Credit Union Name	Bank or Credit Union Address	City	State	Zip
Routing Transit Number	Account Number	<input type="checkbox"/> Checking <input type="checkbox"/> Savings		

Authorized Signature _____ **Date** _____

Options for Auto Draft: (Please Check One)

5th of the Month Split 5th & 15th



Families

Please complete the following

Developmental Screener

associated with your child's

CURRENT age.

Options attached:

- 18 months
- 2 years old
- 3 years old
- 4 years old
- 5 years old

*This is required to be returned with the
Registration Packet *

Your child at 18 months*

Child's Name _____

Child's Age _____

Today's Date _____

Milestones matter! How your child plays, learns, speaks, acts, and moves offers important clues about his or her development. Check the milestones your child has reached by 18 months. Take this with you and talk with your child's doctor at every well-child visit about the milestones your child has reached and what to expect next.



What most children do by this age:

Social/Emotional Milestones

- Moves away from you, but looks to make sure you are close by
- Points to show you something interesting
- Puts hands out for you to wash them
- Looks at a few pages in a book with you
- Helps you dress him by pushing arm through sleeve or lifting up foot

Language/Communication Milestones

- Tries to say three or more words besides "mama" or "dada"
- Follows one-step directions without any gestures, like giving you the toy when you say, "Give it to me."

Cognitive Milestones (learning, thinking, problem-solving)

- Copies you doing chores, like sweeping with a broom
- Plays with toys in a simple way, like pushing a toy car

Movement/Physical Development Milestones

- Walks without holding on to anyone or anything
- Scribbles
- Drinks from a cup without a lid and may spill sometimes
- Feeds herself with her fingers
- Tries to use a spoon
- Climbs on and off a couch or chair without help

* It's time for developmental screening!

At 18 months, your child is due for general developmental screening and an autism screening, as recommended for all children by the American Academy of Pediatrics. Ask the doctor about your child's developmental screening.

Other important things to share with the doctor...

- What are some things you and your child do together?
- What are some things your child likes to do?
- Is there anything your child does or does not do that concerns you?
- Has your child lost any skills he/she once had?
- Does your child have any special healthcare needs or was he/she born prematurely?

You know your child best. Don't wait. If your child is not meeting one or more milestones, has lost skills he or she once had, or you have other concerns, act early. Talk with your child's doctor, share your concerns, and ask about developmental screening. If you or the doctor are still concerned:

1. Ask for a referral to a specialist who can evaluate your child more; and
2. Call your state or territory's early intervention program to find out if your child can get services to help. Learn more and find the number at cdc.gov/FindEI.

For more on how to help your child, visit cdc.gov/Concerned.

**Don't wait.
Acting early can make
a real difference!**



American Academy
of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN



Your child at 2 years*

Child's Name _____

Child's Age _____

Today's Date _____

Milestones matter! How your child plays, learns, speaks, acts, and moves offers important clues about his or her development. Check the milestones your child has reached by age 2. Take this with you and talk with your child's doctor at every well-child visit about the milestones your child has reached and what to expect next.



What most children do by this age:

Social/Emotional Milestones

- Notices when others are hurt or upset, like pausing or looking sad when someone is crying
- Looks at your face to see how to react in a new situation

Language/Communication Milestones

- Points to things in a book when you ask, like "Where is the bear?"
- Says at least two words together, like "More milk."
- Points to at least two body parts when you ask him to show you
- Uses more gestures than just waving and pointing, like blowing a kiss or nodding yes

Cognitive Milestones (learning, thinking, problem-solving)

- Holds something in one hand while using the other hand; for example, holding a container and taking the lid off

- Tries to use switches, knobs, or buttons on a toy
- Plays with more than one toy at the same time, like putting toy food on a toy plate

Movement/Physical Development Milestones

- Kicks a ball
- Runs
- Walks (not climbs) up a few stairs with or without help
- Eats with a spoon

* It's time for developmental screening!

At 2 years, your child is due for an autism screening, as recommended for all children by the American Academy of Pediatrics. Ask the doctor about your child's developmental screening.

Other important things to share with the doctor...

- What are some things you and your child do together?
- What are some things your child likes to do?
- Is there anything your child does or does not do that concerns you?
- Has your child lost any skills he/she once had?
- Does your child have any special healthcare needs or was he/she born prematurely?

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DEDICATED TO THE HEALTH OF ALL CHILDREN®

Your child at 3 years

Child's Name _____

Child's Age _____

Today's Date _____

Milestones matter! How your child plays, learns, speaks, acts, and moves offers important clues about his or her development. Check the milestones your child has reached by age 3. Take this with you and talk with your child's doctor at every well-child visit about the milestones your child has reached and what to expect next.



What most children do by this age:

Social/Emotional Milestones

- Calms down within 10 minutes after you leave her, like at a childcare drop off
- Notices other children and joins them to play

Language/Communication Milestones

- Talks with you in conversation using at least two back-and-forth exchanges
- Asks "who," "what," "where," or "why" questions, like "Where is mommy/daddy?"
- Says what action is happening in a picture or book when asked, like "running," "eating," or "playing"
- Says first name, when asked
- Talks well enough for others to understand, most of the time

Cognitive Milestones

(learning, thinking, problem-solving)

- Draws a circle, when you show him how
- Avoids touching hot objects, like a stove, when you warn her

Movement/Physical Development Milestones

- Strings items together, like large beads or macaroni
- Puts on some clothes by himself, like loose pants or a jacket
- Uses a fork

Other important things to share with the doctor...

- What are some things you and your child do together?
- What are some things your child likes to do?
- Is there anything your child does or does not do that concerns you?
- Has your child lost any skills he/she once had?
- Does your child have any special healthcare needs or was he/she born prematurely?

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1. Ask for a referral to a specialist who can evaluate your child more; and
2. Call any local public elementary school for a free evaluation to find out if your child can get services to help.

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DEDICATED TO THE HEALTH OF ALL CHILDREN

Your child at 4 years

Child's Name _____

Child's Age _____

Today's Date _____

Milestones matter! How your child plays, learns, speaks, acts, and moves offers important clues about his or her development. Check the milestones your child has reached by age 4. Take this with you and talk with your child's doctor at every well-child visit about the milestones your child has reached and what to expect next.



What most children do by this age:

Social/Emotional Milestones

- Pretends to be something else during play (teacher, superhero, dog)
- Asks to go play with children if none are around, like "Can I play with Alex?"
- Comforts others who are hurt or sad, like hugging a crying friend
- Avoids danger, like not jumping from tall heights at the playground
- Likes to be a "helper"
- Changes behavior based on where she is (place of worship, library, playground)

Language/Communication Milestones

- Says sentences with four or more words
- Says some words from a song, story, or nursery rhyme
- Talks about at least one thing that happened during his day, like "I played soccer."
- Answers simple questions like "What is a coat for?" or "What is a crayon for?"

Cognitive Milestones (learning, thinking, problem-solving)

- Names a few colors of items
- Tells what comes next in a well-known story
- Draws a person with three or more body parts

Movement/Physical Development Milestones

- Catches a large ball most of the time
- Serves himself food or pours water, with adult supervision
- Unbuttons some buttons
- Holds crayon or pencil between fingers and thumb (not a fist)

Other important things to share with the doctor...

- What are some things you and your child do together?
- What are some things your child likes to do?
- Is there anything your child does or does not do that concerns you?
- Has your child lost any skills he/she once had?
- Does your child have any special healthcare needs or was he/she born prematurely?

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Your child at 5 years

Child's Name _____

Child's Age _____

Today's Date _____

Milestones matter! How your child plays, learns, speaks, acts, and moves offers important clues about his or her development. Check the milestones your child has reached by age 5. Take this with you and talk with your child's doctor at every well-child visit about the milestones your child has reached and what to expect next.



What most children do by this age:

Social/Emotional Milestones

- Follows rules or takes turns when playing games with other children
- Sings, dances, or acts for you
- Does simple chores at home, like matching socks or clearing the table after eating

Language/Communication Milestones

- Tells a story she heard or made up with at least two events. For example, a cat was stuck in a tree and a firefighter saved it
- Answers simple questions about a book or story after you read or tell it to him
- Keeps a conversation going with more than three back-and-forth exchanges
- Uses or recognizes simple rhymes (bat-cat, ball-tall)

Cognitive Milestones (learning, thinking, problem-solving)

- Counts to 10
- Names some numbers between 1 and 5 when you point to them
- Uses words about time, like "yesterday," "tomorrow," "morning," or "night"
- Pays attention for 5 to 10 minutes during activities. For example, during story time or making arts and crafts (screen time does not count)
- Writes some letters in her name
- Names some letters when you point to them

Movement/Physical Development Milestones

- Buttons some buttons
- Hops on one foot

Other important things to share with the doctor..

- What are some things you and your child do together?
- What are some things your child likes to do?
- Is there anything your child does or does not do that concerns you?
- Has your child lost any skills he/she once had?
- Does your child have any special healthcare needs or was he/she born prematurely?

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