

Asbury Day School

REGISTRATION PACKET

2019-2020

Please complete all of the attached
Forms, scan and then email them to
asburydayschool@gmail.com
or you may return them in person to
the day school office.

ASBURY DAY SCHOOL 2019-2020

ANNUAL REGISTRATION, BOOK, SUPPLY & PARTY FEES:

The book and supply fee covers the child's curriculum, school supplies, craft supplies, party fees and memory book used by the child during the school year.

| | Registration Fee | School Fees | Total Fees |
|------------------|-------------------------|--------------------|-------------------|
| Kindergarten | \$ 100.00 | \$ 200.00 | \$ 300.00 |
| 2 or 3 day Pre-K | \$ 100.00 | \$ 175.00 | \$ 275.00 |
| 5 day Pre-K | \$ 100.00 | \$ 200.00 | \$ 300.00 |

MONTHLY TUITION RATES:

(Due by the 15th of each month of school for 9 months)

| | |
|------------------|-----------|
| Kindergarten | \$ 390.00 |
| 2 or 3 day Pre-K | \$ 240.00 |
| 5 day Pre-K | \$ 340.00 |

ADDITIONAL SERVICES

| | |
|------------------------------------|---------------------|
| Lunch Bunch (Pre-K 12:00-2:00) | \$ 10.00 day |
| Lunch Bunch (Kinder 1:00-2:00) | \$ 5.00 day |
| Spanish Class with Lunch Bunch | \$ 150.00 per month |
| Lunch Bunch (Kinder: 1:00-2:00) | \$ 5.00 day |
| Early Morning Drop off (8:00 a.m.) | \$ 5.00 day |
| Lunch out Thursday | \$ 5.00 day |
| After School Extended Hours | \$ 7.50 per hour |

DAY SCHOOL SCHEDULE:

| | | |
|-----------------------------|---------------------------|----------------------------|
| Kindergarten: | Monday – Thursday | 9:00 a.m. – 1:00 p.m. |
| | Friday | 9:00 a.m. – 12:00 noon |
| 2 day Pre-K | Tuesday & Thursday | 9:00 a.m. – 2:00 p.m. |
| 3 day Pre-K | Monday, Wednesday, Friday | 9:00 a.m. – 12:00 noon |
| 5 day Pre-K | Monday - Friday | 9:00 a.m. – 12:00 noon MWF |
| | | 9:00 a.m. – 2:00 p.m. T/TH |
| Lunch Bunch | Monday & Wednesday | 12:00 noon – 2:00 p.m. |
| After School Extended Hours | Monday - Thursday | 2:00 p.m. – 4:00 p.m. |
| | Friday | 12:00 noon – 4:00 p.m. |

ASBURY METHODIST DAY SCHOOL

5354 SPACE CENTER BLVD. PASADENA, TEXAS 77505

281-998-3486 | ASBURYDAYSCHOOL@GMAIL.COM

REGISTRATION FORM

REGISTRATION & BOOK FEE - (NON REFUNDABLE) _____ 2, 3 OR 5 DAY PRE-K

CHECK ONE: KINDERGARTEN _____ PRE-K 4 YRS. _____ 3 YRS. _____ 2 YRS. _____

CHILD'S FULL NAME _____

CHILD IS USUALLY CALLED _____ DATE OF BIRTH _____ male/female (circle)

PARENTS OR GUARDIANS NAME _____

HOME ADDRESS _____ PHONE# _____

CITY _____ ZIP CODE _____ Email address: _____

OTHER CHILDREN IN HOME _____ AGE _____

_____ AGE _____

FATHER'S EMPLOYMENT _____ WK PH# _____ CELL PHONE# _____

MOTHER'S EMPLOYMENT _____ WK PH# _____ CELL PHONE# _____

NAME AND PHONE # OF PERSON IF PARENTS CANNOT BE REACHED FOR EMERGENCY:

DOCTOR'S NAME AND ADDRESS: _____ PH# _____

LIST ANY SPECIAL CONCERNS OR NEEDS YOUR CHILD MAY HAVE SUCH AS: ALLERGIES, EXISTING ILLNESS, PREVIOUS ILLNESS OR INJURY, CONCERNS WITH SPEECH, HEARING, SIGHT, LEARNING, ETC., NOW OR DURING THE PAST YEAR.

LIST ANY SPECIAL AREA OF DEVELOPMENT WE SHOULD KNOW ABOUT YOUR CHILD:

CHURCH AFFILIATION: _____

A CHILD BROUGHT TO SCHOOL WILL BE LEFT IN THE PRESENCE OF A STAFF MEMBER AND RELEASED ONLY TO PARENTS OR A PERSON DESIGNATED BY THE PARENTS. STAFF MUST BE AWARE OF A CHILD'S DEPARTURE.

SPECIAL CONCERNS AFFECTING A CHILD WILL BE BROUGHT TO THE ATTENTION OF THE PARENTS/SCHOOL; THIS INCLUDES SERIOUS COMMUNICABLE DISEASES IN A FACILITY. SCHOOL TIME IS FROM 9:00A.M. UNTIL 12:00 NOON, 9:00 A.M. UNTIL 1:00 P.M., 9:00A.M. UNTIL 2:00 P.M.

EACH CHILD MUST HAVE AN ANNUAL STATEMENT FROM A LICENSED PHYSICIAN STATING THAT THE CHILD CAN PARTICIPATE IN THE SCHOOL ACTIVITIES.

MY CHILD HAS PERMISSION TO BE TRANSPORTED IN CASE OF EMERGENCY OR FIELD TRIP.

(PARENTS SIGNATURE)

(DAY SCHOOL DIRECTOR)

ADMISSION DATE _____
WHERE DID YOU HEAR ABOUT ASBURY DAY SCHOOL? _____

The Texas Department of Health and Human Services requires the following signed statement by your child's physician for children under the age of 6 and enrolled in a Kindergarten or Pre-school program.

The following statement should be taken to your child's doctor's office or health clinic to be signed or stamped by the physician. This shows your child is healthy and able to participate in the school programs at Asbury Day School. Most offices or clinics will sign or stamp the form for you if you are a current patient. Thank you for helping us to give our students and teachers a safe and healthy place to learn and grow. If you have any questions please feel free to call, email or visit us at Asbury Day School.

Thank You,

Stephanie Kichline-Christensen
Director

PHYSICIAN'S STATEMENT

_____ (child's name) has been examined by me and is physically able to participate in a day school program.

Last date of examination: _____

Physician's Signature: _____

Physician's address and phone number: _____

