



ASBURY DAY SCHOOL REGISTRATION PACKET 2020-2021

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 2020-2021



ANNUAL REGISTRATION, BOOK, SUPPLY & PARTY FEES:

The book and supply fee covers the child's curriculum, school & 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)

Kindergarten: 9:00 a.m. - 2:00 p.m. \$ 475.00

Pre-K: 2's, 3's & 4's: 9:00 a.m. - 2:00 p.m.

2 day Pre-K \$ 240.00

3 day Pre-K \$ 340.00

5 day Pre-K \$ 420.00

Early day option for 2's only: 9:00 a.m. - 12:00 noon

2 day \$ 200.00

3 day \$ 240.00

5 day \$ 340.00

Spanish Class with Lunch Bunch \$ 150.00 per month

Early Morning Drop off (8:00 a.m.) \$ 5.00 day

Lunch out Thursday \$ 5.00 day

After School Extended Hours: (Daily from 2:00 - 4:00 p.m.) \$ 10.00 per hour

DAY SCHOOL SCHEDULE:

Kindergarten: Monday - Friday 9:00 a.m. - 2:00 p.m.

2 day Pre-K: Tuesday & Thursday 9:00 a.m. - 2:00 p.m.

3 day Pre-K: Monday, Wed., Friday 9:00 a.m. - 2:00 p.m.

5 day Pre-K: Monday - Friday 9:00 a.m. - 2:00 p.m.

Early day option for 2's only: Monday - Friday 9:00 a.m. - 12:00 noon



ASBURY METHODIST DAY SCHOOL REGISTRATION PACKET 2020-2021

5354 SPACE CENTER BLVD. PASADENA, TEXAS 77505
281-998-3486 | ASBURYDAYSCHOOL@GMAIL.COM

Please use this checklist to be sure you have everything completed to enroll your child at Asbury Day School.

STUDENT'S NAME: _____

Amount paid: _____ Paid by: Check _____ Cash _____ Credit Card _____

Date paid _____

1. _____ Enrollment Form Completed & \$100. Registration Fee
2. _____ Registration Form
3. _____ Authorization for Emergency Medical Care (Blue Card)
4. _____ Healthy Statement
5. _____ Current Shot Record & Allergy Notice
6. _____ Pick-up Contacts with Names & Phone Numbers

\$100 Registration fee is non-refundable and is due at the time of enrollment.

Balances of enrollment fees must be paid by August 1st

**ALL OF YOUR PAPERWORK MUST BE COMPLETED & FEES PAID BEFORE
STUDENT IS OFFICIALLY ENROLLED.**

REGISTRATION FORM

2020-2021 SCHOOL YEAR

Child's Full Name _____

Date of Birth _____ Age on 9/01/2020 _____

Male _____ Female _____

Child's Home Address _____

City/State _____ Zip code _____

Child lives with: Both Parents _____ Mother _____ Father _____

Child lives with Guardian - Name: _____

Other children in home: _____ Age _____

_____ Age _____

_____ Age _____

Mother's Name: _____

Mother's Address _____ City & Zip _____

Mother's Cell Phone _____ Work Phone _____

Mother's Email _____

Place of Employment _____

Father's Name: _____

Father's Address _____ City & Zip _____

Father's Cell Phone _____ Work Phone _____

Father's Email _____

Place of Employment _____

EMERGENCY CONTACT INFORMATION

2020-2021 SCHOOL YEAR

Child's Last Name: _____ Child's First Name: _____

Parent/Guardian Emergency Contact Number(s):

Last Name _____ First Name _____

Address _____ Relationship to child _____

1st Contact Number _____

2nd Contact Number _____

Parent/Guardian Emergency Contact Number(s):

Last Name _____ First Name _____

Address _____ Relationship to child _____

1st Contact Number _____

2nd Contact Number _____

In the Event of an Emergency whom should we contact first? _____

Doctor's Name _____ Phone _____

Doctor's Address _____ City/Zip _____

CONSENT FOR EMERGENCY TREATMENT

I give consent for necessary emergency treatment and or transportation when my child is in the care of the staff of Asbury Day School.

Signature: _____

Date: _____

ALLERGY INFORMATION

2020-2021 SCHOOL YEAR

Child's Last Name: _____ **First Name:** _____

My child has known allergies: Yes _____ No _____

If your child does have allergies, you must list them below. Any children with SEVERE ALLERGIES are required to have a doctor's note (supporting the child has allergies & treatment) AND medication in the office.

Allergy:

What is the reaction to this allergy?

What is the treatment for this allergy?

Allergy:

What is the reaction to this allergy?

What is the treatment for this allergy?

PERMISSION TO POST ALLERGIES

I _____ give permission to Asbury Day School to post my child's name, birthday and any known allergies in his/her classroom so that all staff may be involved in the care of my child may observe it.

Signature: _____

Date: _____

ASBURY DAY SCHOOL

ENROLLMENT FORM 2020-2021

Child's Last Name: _____ Child's First Name: _____

Date of Birth: _____ Age as of 09/01/2020 _____

Home Address _____

City/State/Zip _____

Parent/Guardian's Name:

1st Contact Number _____

2nd Contact Number _____

Email Address

REGISTRATION FEE (\$100) DUE AT THE TIME OF ENROLLMENT AND IS NON-REFUNDABLE

Check preferences for days attended, arrival and departure times.

Arrival Time	Departure Time	Days
8:00AM _____	12:00PM _____	Monday-Friday 5 days _____
9:00AM _____	2:00PM _____	Mon/Wed/Fri 3 days _____
	3:00PM _____	Tuesday/Thursday 2 days _____
	4:00PM _____	Pre-K 2, 3, or 4 _____
		Kindergarten _____

Registration form continued:

At arrival, your child will be left in the presence of a staff member and released only to parents or a designated person on permission pick-up. The staff must be aware of a child's departure.

Special concerns which could possibly affect a child will be brought to the attention of the parents or school, including serious communicable diseases.

Early morning drop-off may begin at 8:00 a.m.

School time begins at 9:00 a.m.

School dismissal may end at 12:00 noon or 2:00 p.m.

Extended day may end at 3:00 p.m. or 4:00 p.m.

Each child must have an annual statement from a licensed physician stating that the child can participate in school activities.

My child has permission to be transported in case of emergency or field trip.

(Parent or Guardian's Signature)

(Day School Director)

Admission Date _____ Registration Date _____

Church Affiliation: _____

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: _____

