



PARKWAY CHILDREN'S DAY SCHOOL

5801 New Territory Blvd, Sugar Land, TX 77479

Phone 281-295-1675 Fax 281-494-5051

www.parkwayumc.org

CHILD REGISTRATION FORM 2018-2019

Please accompany registration with a non-refundable payment of \$85 for one child. Add \$65 for each additional child. A building usage fee* of \$100 for the first child and \$50 for each additional child is also due upon registration. (*non-refundable after June 1st)

Child's full name: _____

Nickname: _____ Circle one: Male or Female

Age by September 1st: _____ Date of Birth: _____

Mailing address: _____

City: _____ State: _____ Zip Code: _____

E-Mail Address (Mom): _____

E-Mail Address (Dad): _____

Home Phone: _____ Other Phone: _____

Mother's name: _____ Father's name: _____

Mother's home phone: _____ Father's home phone: _____

Mother's cell phone: _____ Father's cell phone: _____

Mother's work phone: _____ Father's work phone: _____

Classes/Days desired: Please note your First Option and Second Option

(Class Days May Be Adjusted Based Upon Demand)

Child should be potty trained for the 3.5 – 4.5 year class. Cannot move to Pre-K unless Fully potty trained.

2.5 – 3.5 years	(3 day)	T, W, TH	_____
3.5 – 4.5 years	(3 day)	T, W, TH	_____
3.5 – 4.5 years	(4 day)	M, T, W, TH	_____

Child MUST be fully potty trained for Pre-K and Bridge – no exceptions – no pull-ups!

Pre-K	(3-day)	T, W, TH	_____
Pre-K	(4-day)	M, T, W, TH	_____
Kinder Bridge	(4-day)	M, T, W, TH	_____

(testing may be required)

PLEASE COMPLETE REVERSE SIDE OF THIS FORM.

Child is under care of: _____ Both Parents _____ Mother _____ Father
 Is Child potty trained? Yes _____ No _____ Working on Training _____
 Sibling's names and ages: _____

Previous Pre-School Attended: _____

Church affiliation: _____

Would you like more information on Parkway's services and programs for children and families:
 _____ (Y/N)

ALL INFORMATION IN THIS REGISTRATION FORM IS STRICTLY CONFIDENTIAL.

Please make checks payable to Parkway Children's Day School. If you do register and then your child does not begin the School program in the fall, please inform Parkway as soon as possible.

 Signature of Parent or Legal Guardian

 Date

For office use only:

Classes:

Room 130	2.5 – 3.5 years	(3-Day)	T, W, TH	_____	Mo. Fee \$285	Supply Fee \$70
Room 137	2.5 – 3.5 years	(3-Day)	T, W, TH	_____	Mo. Fee \$285	Supply Fee \$70
Room 170	3.5 – 4.5 years	(3-Day)	T, W, TH	_____	Mo. Fee \$290	Supply Fee \$70
Room 139	3.5 – 4.5 years	(3-Day)	T, W, TH	_____	Mo. Fee \$290	Supply Fee \$70
Room 168	3.5 – 4.5 years	(3-Day)	T, W, TH	_____	Mo. Fee \$290	Supply Fee \$70
Room 132	3.5 – 4.5 years	(4 day)	M, T, W, TH	_____	Mo. Fee \$365	Supply Fee \$80
Room 161	Pre-K	(3 day)	T, W, TH	_____	Mo. Fee \$295	Supply Fee \$80
Room 153	Pre-K	(3 day)	T, W, TH	_____	Mo. Fee \$295	Supply Fee \$80
Room 159	Pre-K	(4 day)	M, T, W, TH	_____	Mo. Fee \$370	Supply Fee \$90
Room 148	Pre-K	(4 day)	M, T, W, TH	_____	Mo. Fee \$370	Supply Fee \$90
Room 155	Pre-K	(4 day)	M, T, W, TH	_____	Mo. Fee \$370	Supply Fee \$90
Room 150	Kinder Bridge	(4 day)	M, T, W, TH	_____	Mo. Fee \$385	Supply Fee \$90

Date: _____ Time: _____ Amount Received: _____ Check #: _____

\$10 tuition discount per child when 2 or more children are enrolled
 \$10 tuition discount per child for families of PUMC (regular attending members)

Received By: _____
 Time: _____