

Student Information

REMINDER ~ Placement is Based on Birthdate as of September 1, 2017

Child's Last Name: _____ First Name: _____ Prefers to be called: _____
 Child's Birthdate: ____/____/____ or Due Date: ____/____/____ [] Male [] Female

[OFFICE USE] _____ Months [IA/2-5m, IB/4-8m, IC/7-11m] [TA/12-15m, TB/16-19m, TC/20-23m] [2s/24-35m] [3s/36-47m] [PK/48-59m]
 INFANTS: **9/2/2016 – 9/1/2017** TWOS: **9/2/2014 – 9/1/2015** [2A / 2B] [3A / 3B] [PK-A / PK-B]
 TODDLERS: **9/2/2015 – 9/1/2016** THREES: **9/2/2013 – 9/1/2014**
 PRE-KINDER: **9/2/2012 – 9/1/2013** Initials / Verified By > []

ADDRESS: _____ Apt: _____ City: _____, TX Zip _____

Program & Schedule

START DATE: ____/____/____

[] 12-Month (Aug. 28, 2017 – Aug. 17, 2018) Full Time: [] 7a – 6p [] 9a – 6p Part Time [] 7a – 2:30p [] 9a – 2:30p
 [] 9-Month (Aug. 28, 2017 – May 25, 2018) Full Time: [] 7a – 6p [] 9a – 6p Part Time [] 7a – 2:30p [] 9a – 2:30p

Sibling Information

First Name: _____ Applying for BMWS 2017-2018? [] No [] Yes [Office Use: Class _____]
 First Name: _____ Applying for BMWS 2017-2018? [] No [] Yes [Office Use: Class _____]

CHECK ALL THAT APPLY: [] Current Family [] Alum Family [] New Family [] BMWS Employee [] Member Bethany United Methodist Church (BUMC)

Custodial Parent Information

PLEASE WRITE LEGIBLY

1st Parent To Contact Last Name: _____ First Name: _____
 [] Mother [] Father [] Other _____ Employer: _____ Home Address (if different from child): _____
 PHONE: (Mobile-Called 1st) _____ (Home) _____ (Work) _____
 Email: _____

2nd Parent To Contact Last Name: _____ First Name: _____
 [] Mother [] Father [] Other _____ Employer: _____ Home Address (if different from child): _____
 PHONE: (Mobile-Called 1st) _____ (Home) _____ (Work) _____
 Email: _____

Child Release Contacts

PLEASE WRITE LEGIBLY

[NON-PARENT] Emergency Contact & Release Child To:

Last Name: _____ First Name: _____ Relationship To Child: _____
 Local Address: _____ Apt: _____ City _____ Zip _____ Phone: _____

Additional Contacts

Relationship to Child

Last Name: _____ First Name: _____ Relationship: _____ Phone: _____ [] Emergency Contact & Pick Up [] Pick-Up Only
 Last Name: _____ First Name: _____ Relationship: _____ Phone: _____ [] Emergency Contact & Pick Up [] Pick-Up Only
 Last Name: _____ First Name: _____ Relationship: _____ Phone: _____ [] Emergency Contact & Pick Up [] Pick-Up Only

Custodial Parent Signature

2017 - 2018

Including the birthdate or due date of my child, the information provided is true and accurate.

[] Mother [] Father [] Other _____ Signature: _____ Date Submitted: _____

BMWS Staff will date and time stamp all Applications in the order received. If class placement is made, the Application Fee, Supply Fee and Last Month's Tuition Deposit are **NON-REFUNDABLE**. We will further review all applications for errors, oversights, or discrepancies and contact you with a deadline to resolve any possible concerns.

Thank You!

BMWS Medical Emergency Protocol

Bethany Methodist Weekday School (BMWS) Administration will follow Medical Emergency Protocols based on severity of incident / injury.

Life-Threatening Medical Emergency – [Requiring immediate attention from medical professionals]

- BMWS Administration Will: (1) Contact 9-1-1, (2) Administer First-Aid/CPR, as needed (3) Contact Child's Physician (4) Contact Parents or leave message.
- If unable to reach either parent, we will attempt to contact and speak with the Emergency Contact and continue trying to reach a parent.
- If child requires emergency medical transport, an Administrative Staff Member will accompany child to the medical facility and remain until parent(s) arrive.

NON-Life-Threatening Medical Emergency Incident/Illness – [Requiring medical attention as determined and arranged by the parents]

- We will attempt to contact and speak with Both Parents and/or the Emergency Contact or leave a detailed message.
- If we speak with a Parent or the Emergency Contact, an arrival time will be determined for the child to be picked up at school, within one (1) hour.
- Upon arrival, Parent or Authorized Contact will sign-out child and will determine and/or arrange appropriate care.
- If no response from Parents or Authorized Contacts, an Administrative Staff Member will remain with the child until Parents or Authorized Contact arrive.
- If child's Non-Life-Threatening Medical condition becomes severe, we will implement the Life-Threatening Emergency Protocol.

Parent Emergency Medical Release

In the event my child needs Life-Threatening Emergency Care, I authorize BMWS Administration and/or designated representatives to obtain treatment, including Emergency Medical Transportation, at the nearest medical facility or my preferred hospital, if possible. Consent is granted to the medical facility/hospital, the attending physicians, and medical personnel to administer emergency care for my child.

Date: _____ [Signature]: _____ [] Mother [] Father [] Other [Phone] _____
 [Print Name]: _____

PHYSICIAN INFORMATION	HOSPITAL INFORMATION
Child's Physician:	Preferred Hospital:
Address, City, Zip:	Address, City, Zip:
Phone Number:	Phone Number:

Immunization Requirement

Bethany Methodist Weekday School requires all children to have current immunizations. Official documentation of immunizations must be submitted before children will be accepted for enrollment. BMWS does not accept any exemption from immunization requests.

Physician's Health / Specialized Care Statement of Child To Be Completed by Child's Physician

Child's Name: _____ DOB: ___/___/___ AGE: ___yrs. ___m.

Please assist in our process of integrating students with Specialized Needs by providing a Basic Care Recommendation or an Action Plan for:

- **Physical, Developmental, Emotional or Cognitive Impairment:** _____ [] NO [] YES
 -If yes, so we may plan daily activities with safe and reasonable accommodations, what is **CHILD'S DEVELOPMENTAL AGE:** ___ yrs. / ___ months
- **Respiratory Impairment. [MDI ACTION PLAN to administer medication during school day]:** _____ [] NO [] YES
- **Known Allergies. [ACTION PLAN to administer medication during school day] KA:** _____ [] NO [] YES
- **Use of Protective Medical Equipment: [e.g. Helmet, Arm/Leg/Body Cast or Brace]** _____ [] NO [] YES
- **Hospitalization or Other Health Concern within past 12 months:** _____ [] NO [] YES

<u>Health Condition or Equipment</u> <i>Example: ASTHMA, ALLERGY, HELMET, BRACE</i>	<u>SEVERITY</u> CIRCLE ONE	<u>PROVIDED TO PARENT</u>
1.	1. (Mild) (Moderate) (Severe)	CIRCLE ONE: Special Needs/ Action Plan or Basic Care Recommendation
2.	2. (Mild) (Moderate) (Severe)	CIRCLE ONE: Special Needs/ Action Plan or Basic Care Recommendation

Metered Dose Inhalation (MDI) Action Plan must indicate

Exact Dose (e.g., 2 Inhalations / 6 Breaths / Every 4 Hours) vs. Range (e.g., 2-4 Inhalations / 5-6 Breaths / Every 4-6 Hours)

This child has received all required immunizations and, within the past year, has been examined and deemed able to participate in the preschool program at Bethany Methodist Weekday School. ↓ ↓ Physician's Office Stamp Below ↓ ↓

Date: _____ Physician's Signature: _____

Bethany Methodist Weekday School (BMWS)

ENROLLMENT AGREEMENT

- Valid Upon Acceptance -

Acknowledge the following as required by The Department of Family & Protective Services (DFPS):

[\$746.3309 (a)] Parent(s)/Guardian(s) will provide a Morning Snack, Lunch, and an Afternoon Snack for our child(ren) and understand BMWS is not responsible for meeting the daily food needs nor the nutritional value of the meals we send for our child(ren).

[\$746.503] Parent(s)/Guardian(s) will receive the BMWS Parent Handbook & Operational Policies before the date of admission.

[\$746.505 (10)] Child(ren) may participate in WATER ACTIVITIES (*Water Sprinkler, Water Splash and/or Water Table*) **Yes** **No**

ONE PER FAMILY

Filed In Youngest Child's Student Folder

[Family Last Name]: _____

Date: _____

YOUNGEST CHILD _____ / ____ / ____
[First Name] Date of Birth

Mother Father Other

SIBLING _____ / ____ / ____
[First Name] Date of Birth

[SIGNATURE] Parent / Custodian

2017-2018 TUITION & FEES

FULL TIME

PART TIME

Placement Based on Birthdate as of 9/1/17	7 am – 6 pm M-F	9 am – 6 pm M-F	7 am – 2:30 pm M-F	9 am – 2:30 pm M-F
Infant 8 weeks - 11 months Birthdate: 9/2/16 – 9/1/17	\$14,640 annually \$1,220 monthly	\$13,680 annually \$1,140 monthly	\$12,960 annually \$1,080 monthly	\$12,000 annually \$1,000 monthly
Toddler 12 – 23 months Birthdate: 9/2/15 – 9/1/16	\$14,040 annually \$1,170 monthly	\$13,080 annually \$1,090 monthly	\$12,360 annually \$1,030 monthly	\$11,400 annually \$950 monthly
Two 24-35 months Birthdate: 9/2/14 – 9/1/15				
Three 36-47 months Birthdate: 9/2/13 – 9/1/14	\$12,300 annually \$1,025 monthly	\$11,340 annually \$945 monthly	\$10,620 annually \$885 monthly	\$9,660 annually \$805 monthly
Pre-Kindergarten 48-59 months Birthdate: 9/2/12 – 9/1/13				

Program Options

9-Month

August 28, 2017- May 25, 2018

12-Month

August 28, 2017 – August 17, 2018*

Annual Application Fee Non-refundable
\$100

Annual Supply Fee Non-refundable

9-Month - \$185

12-Month - \$250

Half due at application; balance due Jan. 1st.

Schedule & Program Changes

Schedule Change - \$20

Program Change - \$50

Last Month's Tuition Deposit Non-refundable

Equal to one month of tuition and due at application. Deposit is applied to the last month of tuition, provided a 30-day written notice of intent to drop is received by the school office.

Discounts

Sibling - 10% on the lowest tuition charged

Church Member** - 10% on all tuition charged

** Requires recommendation from Church Council

* Last day of 12-month program subject to change based on Houston ISD's Academic Calendar.

- Current immunizations are required for all students.
- Children are placed in our program based on their age as of September 1 of the current school year.
- Infants must be born on or before September 1 for enrollment eligibility and can start at 8-weeks old.
- Tuition rates are based on the placement of the child and do not change when a child has a birthday.
- If placement is made: Application Fee, Supply Fee, and Last Month's Tuition Deposit are **Non-Refundable**.
- Waitlists are available only to families who have toured. Waitlist placement is first-come, first-served.
- For enrollment inquiries or to schedule a tour, please contact the school at 713-667-7155 or tours@bethanydayschool.com. **Tours are given by appointment only.**
- Application packets are available online at bethanydayschool.com/enrollment

First Day of School - Monday, August 28, 2017

2017-2018 APPLICATION FEES REFERENCE SHEET

The table below shows your amount due at the time of application, per child.

Total Amount Due is Based on the Following Calculation: [For Each Applicant]

- \$ 100.00 [Application Fee]
- + \$ ½ Supply Fee [\$92.50 for 9-Month Program] or [\$125.00 for 12-Month Program]
- + \$ Last Month's Tuition Deposit

FULL TIME

PART TIME

Placement Based on Birthdate as of 9/1/17	Program Option	FULL TIME		PART TIME	
		7 am – 6 pm M-F	9 am – 6 pm M-F	7 am – 2:30 pm M-F	9 am – 2:30 pm M-F
Infant 8 weeks - 11 months Birthdate: 9/2/16 – 9/1/17	9-Month	\$1412.50	\$1332.50	\$1272.50	\$1192.50
	12-Month	\$1445.00	\$1365.00	\$1305.00	\$1225.00
Toddler 12 – 23 months Birthdate: 9/2/15 – 9/1/16	9-Month	\$1362.50	\$1282.50	\$1222.50	\$1142.50
	12-Month	\$1395.00	\$1315.00	\$1255.00	\$1175.00
Two 24-35 months Birthdate: 9/2/14 – 9/1/15	9-Month	\$1217.50	\$1137.50	\$1077.50	\$997.50
	12-Month	\$1250.00	\$1170.00	\$1110.00	\$1030.00
Three 36-47 months Birthdate: 9/2/13 – 9/1/14	9-Month	\$1217.50	\$1137.50	\$1077.50	\$997.50
	12-Month	\$1250.00	\$1170.00	\$1110.00	\$1030.00
Pre-Kindergarten 48-59 months Birthdate: 9/2/12 – 9/1/13	9-Month	\$1217.50	\$1137.50	\$1077.50	\$997.50
	12-Month	\$1250.00	\$1170.00	\$1110.00	\$1030.00

Program Options

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12-Month

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* Last day of 12-month program subject to change based on Houston ISD's Academic Calendar.



2017-2018 BMWS Calendar

AUGUST 2017						
S	M	T	W	TH	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

18 Last Day of School - 12m Program
 21-25 Teacher In-service NO SCHOOL
 28 First Day of School

MARCH 2018						
S	M	T	W	TH	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

30 HOLIDAY: Good Friday

SEPTEMBER 2017						
S	M	T	W	TH	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

4 HOLIDAY: Labor Day

APRIL 2018						
S	M	T	W	TH	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

2 HOLIDAY: Easter Monday

OCTOBER 2017						
S	M	T	W	TH	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

MAY 2018						
S	M	T	W	TH	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

11 Teacher In-service NO SCHOOL
 25 Last Day of School - 9m Program
 28 HOLIDAY: Memorial Day

NOVEMBER 2017						
S	M	T	W	TH	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

22-24 HOLIDAY: Thanksgiving

JUNE 2018						
S	M	T	W	TH	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

4 First Day of Summer Program

DECEMBER 2017						
S	M	T	W	TH	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

22-29 HOLIDAY: Winter Break

JULY 2018						
S	M	T	W	TH	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

4 HOLIDAY: Independence Day

JANUARY 2018						
S	M	T	W	TH	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

1-4 HOLIDAY: Winter Break
 5 Teacher In-service NO SCHOOL
 15 HOLIDAY: Dr. Martin Luther King Jr.

AUGUST 2018						
S	M	T	W	TH	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

17 Last Day of School - 12m Program
 **20-24 Teacher In-service NO SCHOOL
 27 First Day of School

FEBRUARY 2018						
S	M	T	W	TH	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28			

1-2 Teacher In-Service NO SCHOOL

KEY

School Closures

Start & End Dates of Program

** These In-Service dates are subject to change based on alignment with Houston ISD 2018-2019 Start Date