

**Methodist Day School**  
**Registration Application 2025-2026 – SPRING SEMESTER ONLY**

One form per student  
**PLEASE PRINT or TYPE**

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Physical Address (if different from above) \_\_\_\_\_  
Phone \_\_\_\_\_ Age as of 1/6/2026 \_\_\_\_ yrs. \_\_\_\_ mos. ☐ male ☐ female

Class (check one): Price per month (5 monthly payments required)  
\_\_\_\_ 2 year old (M-F) \$275      \_\_\_\_ 2 year old (MWF) \$275

Will you need any of the following for an additional monthly fee? (rates available on our website [www.fumcvictoria.com](http://www.fumcvictoria.com))  
☐ Early Bird Care (7:30am – 8:20am)    ☐ Lunch Bunch (11:30am - 1:00pm)    ☐ Extended Day Care (11:30am – 5:30pm)  
Days Needed \_\_\_\_\_ Days Needed \_\_\_\_\_ Days Needed \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_  
Phone \_\_\_\_\_ Phone \_\_\_\_\_  
Email contact (please print or type) \_\_\_\_\_  
First United Methodist Church member? ☐ yes ☐ no If no, indicate church membership \_\_\_\_\_  
How did you hear about MDS? ☐ Child is Current/Former Student ☐ Other (please specify) \_\_\_\_\_

My signature verifies that I have registered my child at Methodist Day School at First United Methodist Church as indicated above. I agree to distribution of my child's birth date and contact information to classmates and authorize my child's name, photos or video being used for the purpose of advertising or promotion of Methodist Day School, a Ministry of First United Methodist Church.

All first month's fees (early bird, day school, extended day) are due December 18, 2025. Any unpaid fees after this date will void your child's registration for the 2025-2026 school year. I understand all registration fees and tuition payments are non-refundable.

Acceptance of this form and the registration fee will assure my child a place at Methodist Day School for the remainder of the 2025-2026 school year. I will honor my enrollment for the entire spring semester.

The registration fee is ~~\$400~~ \$200, discounted for registration of the 2025-2026 spring semester only. MDS accepts cash, check, or money order (no cards).

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

Office Use Only	
Amount Paid _____	Cash or Check # _____ Receipt _____
Received By _____	Date _____ Sib _____