NEW WORLD DAY SCHOOL
SUMMER PRESCHOOL PROGRAM
REGISTRATION

5134 NORTHWEST HWY
GARLAND, TX 75043
972-279-8393

Registration Form
Summer Preschool Program

Child's Name: _____
Child's DOB: _____
Parent Name: _____
Address: _____
Phone Number: _____
Email: _____

Summer 2025 Calendar:

Session 1

May 26th -29th (Extended Day Students Only – No Camp)
June 1st – 5th
June 8th – 12th
June 15th – 19th (NWDS closed to ALL students on June 19th)
June 22nd – 22th
June 29th – July 3th (NWDS closed to ALL students)

Session 2

July 6th – July 10th
July 13th – 17th
July 20th – 24th
July 27th – 31st
August 3rd – 7th (Extended Day Students Only – No Camp)

The Registration Fee is due at the time of registration and is non-refundable. You can pay in full at registration or you can set up a payment plan of one half the amount at registration and the remainder 30 days later.

Registration/Supply Fee for All New Students
$100

Registration for Currently Enrolled Students
Supply Fee Only of $50

Please indicate your choice for a summer program by circling the program offered below and check which sessions they will attend:

Extended Day Program (7:30 am – 5:30 pm)

Monday – Friday	Tuesday/Wednesday/Thursday
$190 Weekly	$160 Weekly

Summer Camp Day Program (9:00 am – 2:00 pm)

Monday – Friday	Tuesday/Wednesday/Thursday
$485 Monthly	$380 Monthly

My Child will attend:

- ☐ Session 1
- ☐ Session 2
- ☐ Both Sessions

Please initial the following statements:

_____ I understand and agree that the Registration Fee is non-refundable.
_____ I understand that tuition is non-refundable once the payment is made.
_____ I understand that if my registration is not paid in full at registration or by the payment plan date my child will be placed on the Wait List.
_____ I understand that a current Immunization Record, Health Form, Emergency Release Form, and the General Enrollment Form must be on file BEFORE my child can start school.

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General Enrollment Form

Child's Name: _____
Last First Middle

Date of Birth: _____ Age as of 9/01/2026: _____

Child's Address: _____
Street City State Zip Code

Mother/ Guardian: _____ Cell Phone: _____
Name of Employer: _____ Work Phone: _____
Email: _____
Address if Different than Child's: _____

Father/Guardian: _____ Cell Phone: _____
Name of Employer: _____ Work Phone: _____
Email: _____
Address if Different than Child's: _____

Please designate at least one person other than parents/guardians as your Emergency Contact:

Emergency Contact: _____ Relationship to Child: _____
Home Address: _____ Cell Phone: _____
Email: _____ Work Phone: _____

Please list other people allowed to pick up your child from NWDS. Always notify the office or the child's teacher directly to let them know if someone from this list is going to pick your child up on the day it is planned. We will need written or verbal confirmation from parents/guardians before releasing your child. We will also need to check their State Issued ID. In the case of an emergency pick up change the following list of people will need to know the Emergency Code Word that you choose below.

Name: _____ Cell Phone: _____ Relationship: _____

Name: _____ Cell Phone: _____ Relationship: _____

Name: _____ Cell Phone: _____ Relationship: _____

Emergency Code Word: _____

Emergency Medical Release

Authorization for Medical Treatment – This form must be Notarized

If I cannot be reached to make arrangements for medical treatment, I authorize any representative of New World Day School to administer first aid and/or contact Emergency Medical Services to asses and/or transport my child, _____, to a medical facility. I authorize and hereby give my consent for any necessary medical treatment, emergency or otherwise furnished by any licensed physician, hospital, or emergency treatment clinic (health care provider), and I agree to pay all medical fees incurred in connection with the treatment of my child under the authority granted herein. I hereby release New World Day School, any health care provider, and any of their respective agents, employees, officers, or representatives from all liability for any action taken on behalf of my child pursuant to the terms of this medical authorization.

Family Physician: _____ Phone: _____
Identify Allergies or Special Conditions: _____

Emergency Release

Authorization for Parental Release – This form must be Notarized

My child, _____, has my permission to participate in planned trips away from the church with prior notification, or unplanned trips in the case of an emergency evacuation. I do hereby release New World United Methodist Church and Day School, its staff, its volunteer drivers, and its sponsors from liability for any personal injuries suffered by the above-mentioned minor child. Parents will receive advance notices and are required to sign permission forms if and when the child has field trips.

I, the undersigned, being the parent or legal guardian of _____ (a minor child), give permission for the Emergency Medical Release and Emergency Release explained above.

_____

Signature of parent or legal guardian (must be signed before notary public) Date

_____

Printed Name of parent or legal guardian

STATE PF TEXAS COUNTY OF DALLAS
This instrument was acknowledged before me on this _____ day of _____, 20_____.

Notary Public, State of Texas : _____
Notary's Name Printed: _____

Seal:

Special Conditions, Allergies, or Required Medications

Must complete and return Emergency Care Plan Form with physician's signature. Any required NWDS administered medications must be signed in to the Day School Office with written permission and instructions for our staff.

Existing Illness or Condition: _____
Diagnosed Allergies: _____
Food Sensitivity/Intolerance: _____
Daily Prescription Medications: _____

Sunscreen and Insect Repellent

NWDS staff will not apply sunscreen to children unless we have an authorization form on file. Please initial the following statements:

_____ Please apply sunscreen on your child prior to drop off during the Summer.
_____ NWDS will not apply any insect repellent to any child.

Agreement and Understanding of Tuition and Fees

Please initial the following statements:

_____ I agree and understand that tuition, registration fee and supply fees are non-refundable.
_____ I agree and understand that tuition is due on my child's first class day of the session.
_____ I agree and understand that if I do not pay my tuition and/or outstanding balance by the 5th day of the session, my child will be dropped from the class roster and added to the wait list.

Agreement and Understanding of Required Records for Admission

Please initial the following statements:

_____ I understand and have provided or will provide NWDS with current immunization records or original notarized affidavit of exemption from immunizations.
_____ I understand and have provided or will provide NWDS with a signed and dated Health Form
_____ I understand and have provided or will provide NWDS with Hearing and Vision Screening Information (for children who turned 4 years old by Sept. 1, 2025)

Immunization Records for School Age Students

☐ My child has current Immunization records on file at the school he/she attends.
School Name: _____
Address: _____
Phone Number: _____

Photo Permission

Promotional materials:

- ☐ NWDS HAS my permission to display my child's photograph on the New World webpage, Facebook page, flyers, or other promotional materials. Names will never be used in conjunction with photos.
- ☐ NWDS DOES NOT HAVE permission to display my child's photograph on the New World webpage, Facebook page, flyers, or other promotional materials.

Classroom Applications:

- ☐ NWDS HAS my permission to send my child's photograph via private classroom applications to the parent/s that subscribe to the class page. (For example: Remind, GroupMe, or other private upload sites, email, etc.)
- ☐ NWDS DOES NOT HAVE permission to send my child's photograph via private classroom applications to the parent/s that subscribe to the class page. (For example: Remind, GroupMe, or other private upload sites, email, etc.)

Parent Handbook

Please sign below stating that you have received, read, and agree with our Parent Handbook policies and procedures. This is a requirement by Child Care Licensing Minimum Standards before the start of school.

Parent/ Guardian Signature Date