



# Mother's Day Out

at Brenham's First Baptist Church

979-836-2807 - 2715 SOUTH MARKET STREET, BRENHAM, TEXAS 77833

DEAR PARENTS,

THANK YOU SO MUCH FOR INQUIRING ABOUT OUR MOTHER'S DAY OUT PROGRAM. THIS PROGRAM IS A MINISTRY OF BRENHAM'S FIRST BAPTIST CHURCH. OUR PROGRAM IS DESIGNED IN A LOVING, NURTURING CHRIST CENTERED ENVIRONMENT. PRESCHOOLERS ARE TAUGHT BIBLICAL PRINCIPLES WHILE FOCUSING ON THEIR SOCIAL, EMOTIONAL, PHYSICAL, COGNITIVE AND SPIRITUAL DEVELOPMENT.

OUR PROGRAM RUNS FROM 8:30-2:30 ON TUESDAYS AND THURSDAYS. OUR DAILY ROUTINE CONSISTS OF CHAPEL, STORY TIME, SNACK TIME, OUTDOOR PLAY, FINE AND GROSS MOTOR SKILLS, LUNCH, CENTERS, CRAFTS, EDUCATIONAL LEARNING, AND REST TIME. THE PROGRAM IS OFFERED FROM AGES 18 MONTHS TO PRE-K.

***OUR FIRST DAY OF SCHOOL FOR 2024-25 IS TUESDAY, SEPTEMBER 3RD.***

***\*\* WE ARE INCREASING OUR TUITION THIS YEAR BY \$10 A MONTH. \*\****

***\*\*WE HAVE CHANGED OUR AGE REQUIREMENT NOW TO 18MONTHS- PRE-K.\*\****

PLEASE NOTE THAT ENROLLMENT FOR CURRENT STUDENTS WILL BEGIN ON/AFTER MARCH 28TH AND NEW STUDENTS WILL ENROLL ON/AFTER APRIL 1ST. IT IS A FIRST COME, FIRST SERVE PROGRAM.

PLEASE RETURN THE ATTACHED FORMS AND ENROLLMENT FEE AS SOON AS ENROLLMENT STARTS TO SECURE YOUR CHILD'S/CHILDREN'S SPOT. THE ENROLLMENT FEE FOR EACH CHILD IS A ONE-TIME FEE OF \$100.00. AS SOON AS WE COLLECT THE ENROLLMENT FEE, YOUR CHILD WILL BE PUT ON OUR SCHOOL ROSTER. WE CANNOT HOLD A SPOT FOR YOUR CHILD UNTIL THE FEE IS PAID IN FULL. CLASSES WILL BE FILLED FIRST COME, FIRST SERVED.

PLEASE FEEL FREE TO CALL THE CHURCH OFFICE ANYTIME IF YOU HAVE ANY QUESTIONS AT 979-836-2807 OR EMAIL ME AT [MDO@FBC-BRENHAM.ORG](mailto:MDO@FBC-BRENHAM.ORG)

BLESSINGS,

KRISTIE MENDOZA,  
DIRECTOR, MOTHER'S DAY OUT



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## ENROLLMENT FEES

ENROLLMENT FEE FOR THE 2024-2025 SCHOOL YEAR IS AN ONE TIME FEE OF \$100.00 PER CHILD (NON-REFUNDABLE) THAT IS DUE AT THE TIME OF ENROLLMENT.

IF YOUR CHILD STARTS THE PROGRAM DURING THE 2025 SCHOOL YEAR (JANUARY-MAY), WE ASK THAT YOU PAY A \$50.00 ENROLLMENT FEE (NON-REFUNDABLE).

OUR PROGRAM IS A MINISTRY OF BRENHAM'S FIRST BAPTIST CHURCH. THE ENROLLMENT FEES OFFSET ANY EXPENSES WE HAVE THROUGHOUT THE YEAR, INCLUDING TEACHERS SALARIES.

## SUPPLY LIST

A ONE TIME FEE OF \$50.00 TAKES CARE OF SUPPLIES FOR MDO. THIS INCLUDES SNACKS, ARTS & CRAFTS SUPPLIES AND PERSONAL CARE SUPPLIES

IF YOUR CHILD STARTS THE PROGRAM DURING THE 2025 SCHOOL YEAR (JANUARY-MAY), WE ASK THAT YOU PAY A \$25.00 SUPPLY FEE

## DISCOUNTS

WE OFFER A 10% DISCOUNT ON YOUR **TOTAL** MONTHLY TUITION FOR 2 OR MORE CHILDREN IN THE SAME FAMILY ENROLLED IN OUR PROGRAM.

## MONTHLY TUITION

\*DECEMBER TUITION WILL BE HALF OFF AS A GIFT FROM BFBC MOTHER'S DAY OUT\*

\*MAY TUITION WILL BE \$20 OFF DUE TO A SHORTER SCHOOL MONTH\*

18 MONTHS-5 YEARS	SIBLING DISCOUNT AT 10% OFF TOTAL MONTHLY TUITION
\$220.00 PER MONTH	2 CHILDREN= \$396 PER MONTH

## PAYMENT

PAYMENTS (ENROLLMENT, SUPPLY FEE AND MONTHLY TUITION) CAN BE PAID WITH CASH OR A CHECK, MADE PAYABLE TO BFBC (BRENHAM'S FIRST BAPTIST CHURCH)

ONLINE PAYMENT CAN ALSO BE MADE THROUGH OUR CHURCH WEBSITE. PLEASE SEE THE HANDBOOK OR DIRECTOR FOR ONLINE PAYMENT INFORMATION.

## CONTACT INFORMATION

BFBC MOTHER'S DAY OUT PHYSICAL ADDRESS: 2715 SOUTH MARKET STREET

BFBC MOTHER'S DAY OUT PHONE NUMBER: 979-836-2807 x 418

BFBC MOTHER'S DAY OUT EMAIL ADDRESS: MDO@FBC-BRENHAM.ORG

BFBC MAIN NUMBER: 979-836-2807

BFBC WEBSITE: WWW.FBC-BRENHAM.ORG

KRISTIE MENDOZA, BFBC MOTHER'S DAY OUT DIRECTOR



# 2024-2025 REGISTRATION FORM

CHILD'S NAME (LAST, FIRST, MIDDLE & NICKNAME, IF APPLICABLE)	DATE OF BIRTH	HOME PHONE
STREET ADDRESS	CITY, ZIP	MALE OR FEMALE
MOM'S NAME (OR LEGAL GUARDIAN'S NAME)	CELL PHONE	EMPLOYER
MOM'S EMAIL (OR LEGAL GUARDIAN'S EMAIL)	WORK PHONE	BEST WAY TO REACH YOU: HOME CELL TEXT EMAIL
DAD'S NAME (OR LEGAL GUARDIAN'S NAME)	CELL PHONE	EMPLOYER
DAD'S EMAIL (OR LEGAL GUARDIAN'S EMAIL)	WORK PHONE	BEST WAY TO REACH YOU: HOME CELL TEXT EMAIL
CHURCH AFFILIATION	MEMBER OF CHURCH? YES NO	

## ENROLLMENT

PLEASE CHECK BELOW THE AGE BRACKET OF YOUR CHILD AS OF SEPTEMBER 1, 2024

<input type="checkbox"/> 18 MONTHS- 23 MONTHS	<input type="checkbox"/> 24 MONTHS- 3 YEARS	<input type="checkbox"/> 3 YEARS- 4 YEARS (MUST BE POTTY TRAINED BY 3)	<input type="checkbox"/> 4 YEARS- 5 YEARS (MUST BE POTTY TRAINED)
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<input type="checkbox"/> I UNDERSTAND THAT TUITION IS NOT BASED ON THE NUMBER OF SCHOOL DAYS PER MONTH. IT IS BASED UPON THE TOTAL NUMBER OF SCHOOL DAYS PER YEAR AND DIVIDED INTO 9 EQUAL PAYMENTS FOR CONVENIENCE.	
<input type="checkbox"/> EVEN THOUGH SOME MONTHS HAVE FEWER SCHOOL DAYS THAN OTHER MONTHS, I UNDERSTAND THAT TUITION FOR SEPT-MAY IS NOT PRORATED. DECEMBER THOUGH, IS HALF OFF TUITION AS A GIFT FROM MDO.	
SIGNATURE- PARENT OR LEGAL GUARDIAN	DATE

## RELEASE FORM

THE PERSONS BELOW ARE ALLOWED TO PICK UP MY CHILD/CHILDREN IF I AM NOT ABLE TO. MDO WILL ALWAYS ASK FOR A PHOTO ID. PLEASE LIST AT LEAST 2 LOCAL CONTACTS. (THESE ARE **NOT** EMERGENCY CONTACTS)

NAME	PHONE NUMBER	RELATIONSHIP

PLEASE LIST PERSONS WHO <b>MAY NOT</b> PICK UP YOUR CHILD:
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OFFICE USE ONLY:      DATE REGISTERED \_\_\_\_\_      ENROLLMENT FEE CHECK #/CASH/ONLINE \_\_\_\_\_  
 ENROLLMENT PKT MAILED \_\_\_\_\_      SUPPLY FEE CHECK#/CASH/ONLINE \_\_\_\_\_



STUDENTS NAME: \_\_\_\_\_

## SPECIAL HEALTH CONSIDERATIONS

DOES YOUR CHILD HAVE ANY ALLERGIES? (FOOD, ANIMALS, INSECTS, SEASONAL, ETC.)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF YOUR CHILD HAS A SERIOUS ALLERGY, PLEASE ASK THE DIRECTOR FOR AN ALLERGY EMERGENCY PLAN FORM TO BE FILLED OUT.		
IF SO, WHAT ALLERGIES DOES YOUR CHILD HAVE AND WHAT TRIGGERS IT?		
HOW SHOULD WE RESPOND IF HE/SHE HAS AN ALLERGIC REACTION?		
LIST ANY SPECIAL PROBLEMS THAT YOUR CHILD MAY HAVE, SUCH AS EXISTING ILLNESS, PREVIOUS SERIOUS ILLNESS, INJURIES AND HOSPITALIZATIONS DURING THE PAST 12 MONTHS, ANY MEDICATION PRESCRIBED FOR LONG-TERM CONTINUOUS USE, SPECIAL NEEDS AND ANY OTHER INFORMATION WHICH CAREGIVERS MAY NEED TO BE AWARE OF:		

## AUTHORIZATION TO TREAT A MINOR

EFFECTIVE SEPTEMBER 1, 2024–MAY 31, 2025

CHILDS LAST NAME	CHILDS FIRST NAME	CHILDS MIDDLE INITIAL
SEX: MALE   FEMALE	DATE OF BIRTH	FAMILY PHYSICIAN
PHYSICIAN'S ADDRESS		PHYSICIAN'S PHONE NUMBER

IN THE EVENT THAT I CANNOT BE REACHED TO MAKE ARRANGEMENTS FOR EMERGENCY MEDICAL ATTENTION, I AUTHORIZE BRENHAM'S FIRST BAPTIST CHURCH TO TAKE MY CHILD TO EITHER: BAYLOR SCOTT & WHITE– THE BRENHAM CLINIC, 600 NORTH PARK STREET, BRENHAM, TX, PHONE NO. 979-337-5800 OR BAYLOR SCOTT & WHITE MEDICAL CENTER, 700 MEDICAL PARKWAY, BRENHAM, TX, PHONE NO. 979-337-5000.

I (WE) THE UNDERSIGNED PARENT, PARENTS OR LEGAL GUARDIANS OF MY CHILD, NAMED ABOVE, A MINOR, DO HEREBY AUTHORIZE TREATMENT OF MY (OUR) CHILD BY A LICENSED MEDICAL PHYSICIAN IN CASE OF ANY ACCIDENT OR ILLNESS THAT MAY SO ARISE, OR ANY HOSPITALIZATION NECESSARY.

I GIVE BRENHAM'S FIRST BAPTIST CHURCH MOTHER'S DAY OUT PERMISSION TO SECURE ANY AND ALL NECESSARY EMERGENCY MEDICAL, HOSPITAL OR DENTAL TREATMENT FOR MY CHILD IN THE EVENT OF INJURY OR ILLNESS WHILE THE CHILD IS IN THE CARE OF THE ABOVE NAMED PROVIDER. NOTE: I UNDERSTAND AND AGREE THAT I WOULD BE FINANCIALLY RESPONSIBLE FOR ANY MEDICAL TREATMENTS NECESSARY. I HAVE FULL UNDERSTANDING THAT EVERY ATTEMPT WILL BE MADE TO CONTACT THE PARENT OR GUARDIAN IN THE EVENT MEDICAL TREATMENT IS NECESSARY. I UNDERSTAND THAT CERTAIN MEDICAL EMERGENCIES MAY NOT ALLOW MUCH TIME FOR CONTACT OF PARENT/GUARDIAN AND THAT IF A LIFE-THREATENING SITUATION ARISES, THE PROVIDER WILL SEEK IMMEDIATE MEDICAL ATTENTION.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## EMERGENCY CONTACT

IN THE EVENT OF AN EMERGENCY OR SICKNESS AT SCHOOL AND I AM NOT ABLE TO BE REACHED &/OR PICK UP MY CHILD, I DESIGNATE THE FOLLOWING RELATIVE(S) &/OR FRIEND(S) TO BE CALLED AND TO PICK MY CHILD UP FROM SCHOOL

NAME	PHONE NUMBER	RELATIONSHIP



STUDENTS NAME: \_\_\_\_\_

## PARENT CONTRACT

PLEASE INITIAL EACH BOX AND SIGN BELOW.

	I AGREE TO PAY THE NON-REFUNDABLE \$100.00 ENROLLMENT FEE, DUE AT THE TIME I REGISTER MY CHILD, TO SECURE MY CHILD'S PLACE IN A CLASS (\$50.00 IF MY CHILD STARTS IN JANUARY).
	I AGREE TO PAY THE NON-REFUNDABLE \$50.00 SCHOOL SUPPLY FEE THAT WILL BE USED FOR MY CHILD IN HIS/HER CLASS (\$25.00 IF MY CHILD STARTS IN JANUARY).
	I AGREE TO PAY THE MONTHLY TUITION FOR MY CHILD. IF TUITION IS PREPAID BY THE YEAR (IF APPLICABLE), A REFUND WILL BE GIVEN WITHIN THIRTY (30) DAYS WRITTEN NOTICE OF INTENT TO WITHDRAW CHILD.
	I UNDERSTAND THAT IF THE TUITION PAYMENT IS NOT RECEIVED BY BFBC MOTHER'S DAY OUT BY THE 10TH OF EACH MONTH, A LATE FEE OF \$15.00 WILL BE BILLED TO MY ACCOUNT.
	I UNDERSTAND THAT IF MY CHILD HAS NOT BEEN PICKED UP FROM SCHOOL BY 2:40PM, I WILL BE CHARGED \$1.00 FOR EVERY MINUTE THAT IS OVER 2:41PM, WITH A MAXIMUM LATE FEE CHARGE OF \$15.00.
	I UNDERSTAND THAT MY CHILD CAN BE DROPPED OFF NO EARLIER THAN 8:30AM AND PICKED UP NO LATER THAN 2:40 PM.
	I UNDERSTAND THAT I MUST PAY A \$25.00 FEE SHOULD BRENHAM'S FIRST BAPTIST CHURCH RECEIVE MY CHECK BACK DUE TO INSUFFICIENT FUNDS OR IF MY ONLINE PAYMENT CARD IS DECLINED.
	I UNDERSTAND THAT 2 WEEK ADVANCE WRITTEN NOTICE MUST BE GIVEN IF I DECIDE TO DISCONTINUE BFBC MOTHER'S DAY OUT. WITHOUT PROPER NOTICE, I AGREE TO PAY ONE MONTH'S TUITION.
	I UNDERSTAND THAT IF I DECIDE TO TAKE MY CHILD OUT FOR AN EXTENDED TIME (EX: MONTH OFF VACATION), I WILL STILL HAVE TO PAY FOR THAT MONTH MY CHILD IS NOT AT SCHOOL.
	I UNDERSTAND THAT THERE ARE NO MAKE-UP DAYS FOR DAYS MISSED OR CANCELLED.
	I HAVE RECEIVED AND READ THE BFBC MOTHER'S DAY OUT PARENT HANDBOOK CONTAINING THE WRITTEN OPERATIONAL POLICIES OF THE PROGRAM INCLUDING POLICIES FOR ILLNESSES AND DISCIPLINE/GUIDANCE.
	I WILL PROVIDE MY CHILD A BACKPACK/BAG TO BRING EVERY DAY. THIS MUST BE LARGE ENOUGH TO HOLD A FOLDER AND AN EXTRA SET OF CLOTHES— YOUR CHILD WILL NEED TO HAVE AN EXTRA SET OF "SEASON APPROPRIATE" CLOTHES, LABELED WITH HIS/HER NAME INSIDE THE BACKPACK. THE CLOTHES NEED TO BE REPLACED WHEN USED. THIS SHOULD INCLUDE SHIRT, SHORTS OR PANTS, UNDERWEAR, AND SOCKS. I WILL ALSO PROVIDE A REUSABLE WATER BOTTLE WITH MY CHILD'S NAME ON IT AND BRING TO SCHOOL EACH TIME. I WILL ALSO PROVIDE A NAP MAT & BLANKET FOR REST TIME. IF MY CHILD WEARS DIAPERS, I WILL PROVIDE EXTRA DIAPERS FOR HIM/HER TO BE LEFT IN THEIR CLASSROOM.
	I GIVE BFBC MOTHER'S DAY OUT PERMISSION TO TAKE PHOTOGRAPHS OF MY CHILD FOR SPECIAL OCCASIONS SUCH AS BIRTHDAYS AND HOLIDAYS &/OR FOR ARTS AND CRAFT PROJECTS. I ALSO GIVE BFBC MDO PERMISSION TO USE MY CHILD'S PICTURES IN CHURCH BROCHURES, CHURCH NEWSLETTERS, CHURCH WEBSITE & MDO'S FACEBOOK PAGE. <i>NOTE: I UNDERSTAND THE PHOTOGRAPHS WILL ONLY BE USED FOR SCHOOL RELATED ACTIVITIES AND WILL NOT BE GIVEN TO ANYONE OTHER THAN MYSELF OR OTHER CHILDREN ENROLLED IN BFBC MOTHER'S DAY OUT. NAMES OF CHILDREN WILL NEVER BE USED IN ANY OF THESE FORMATS LISTED ABOVE.</i>
	I GIVE MY CHILD PERMISSION TO PARTICIPATE IN ALL ON-SITE FIELD TRIPS, INCLUDING FIELD TRIPS TO BFBC BUILDINGS AND GROUNDS, AND OUTSIDE WATER ACTIVITIES. THESE EVENTS WILL BE BROUGHT TO MY ATTENTION AHEAD OF TIME. I UNDERSTAND THAT ALL SAFETY MEASURES WILL BE TAKEN AND THAT NEITHER TEACHER, NOR STAFF OF BFBC CAN BE HELD RESPONSIBLE FOR ACCIDENTS, INJURIES OR DEATH.

BY SIGNING BELOW, I AGREE THAT I HAVE READ AND ANSWERED ALL OF THE ABOVE STATEMENTS.

\_\_\_\_\_  
SIGNATURE— PARENT OR LEGAL GUARDIAN

\_\_\_\_\_  
DATE

HOW DID YOU HEAR ABOUT US?

☐ ATTEND BRENHAM'S FIRST BAPTIST CHURCH

☐ INTERNET SEARCH

☐ PAST MDO FAMILY

☐ FRIEND, WHO CAN WE THANK: \_\_\_\_\_

☐ DRIVE/BY

☐ OTHER

# BRENHAM'S FIRST BAPTIST MOTHER'S DAY OUT

## GETTING ACQUAINTED WITH YOUR CHILD

(THIS IS FOR YOUR CHILD'S TEACHER IN ORDER TO BETTER SERVE YOUR CHILD. YOUR TEACHER MIGHT ASK FOR ADDITIONAL INFORMATION AS NEEDED)

CHILD'S NAME \_\_\_\_\_ NICKNAME \_\_\_\_\_

HOW WOULD YOU PREFER YOUR CHILD/TEACHERS TO WRITE HIS/HER NAME? (WOULD YOU WANT THEIR BIOLOGICAL FIRST NAME OR NICKNAME WRITTEN OUT?) \_\_\_\_\_

BIRTHDATE \_\_\_\_\_ CHURCH AFFILIATION \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ OCCUPATION \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ OCCUPATION \_\_\_\_\_

MY CHILD HAS: ☐ HEARING LOSS/DIFFICULTY ☐ VISION DIFFICULTIES ☐ SPEECH DIFFICULTIES

MY CHILD IS: ☐ LEFT HANDED ☐ RIGHT HANDED ☐ HAS NOT YET SHOWN A PREFERENCE

MY CHILD: ☐ HAS A HEALTHY APPETITE ☐ USUALLY ISN'T HUNGRY ☐ LIKES A VARIETY OF FOODS

☐ SPECIFIC FOOD AVOIDANCE \_\_\_\_\_ ☐ IS ON A SPECIAL DIET OF \_\_\_\_\_

\_\_\_\_\_  
(PARENTS MAY PROVIDE CHILD'S SNACKS IN THIS SITUATION)

ADDITIONAL FOOD COMMENTS: \_\_\_\_\_

CHILD'S PETS & NAMES \_\_\_\_\_

MY CHILD: ☐ PLAYS WELL WITH OTHERS ☐ IS OUTGOING ☐ ENJOYS QUIET PLAY ☐ IS SHY

☐ ENJOYS ACTIVE, MOVING PLAY ☐ FOLLOWS DIRECTIONS ☐ DOES NOT LIKE TO PLAY WITH OTHERS

☐ HAS TROUBLE SEPARATING FROM PARENTS COMMENTS: \_\_\_\_\_

CHILD'S FAVORITE PLAYTHINGS/ACTIVITIES/INTERESTS? \_\_\_\_\_

DOES YOUR CHILD HAVE TEMPER TANTRUMS? \_\_\_\_\_ WHAT IS THE BEST WAY TO "SOOTHE" YOUR CHILD DURING A MELTDOWN OR DIFFICULT SITUATION? \_\_\_\_\_

ANY SPECIAL FEARS? \_\_\_\_\_

NAME AND AGES OF OTHER CHILDREN IN THE FAMILY:

NAME \_\_\_\_\_ AGE \_\_\_\_\_ NAME \_\_\_\_\_ AGE \_\_\_\_\_

NAME \_\_\_\_\_ AGE \_\_\_\_\_ NAME \_\_\_\_\_ AGE \_\_\_\_\_

FAMILY MEMBERS/GRANDPARENTS/CHILD CARE GIVERS THAT LIVE IN THE HOME OR YOUR CHILD IS VERY CLOSE TO:

NAME THE CHILD CALLS THEM \_\_\_\_\_ RELATION \_\_\_\_\_

NAME THE CHILD CALLS THEM \_\_\_\_\_ RELATION \_\_\_\_\_

NAME THE CHILD CALLS THEM \_\_\_\_\_ RELATION \_\_\_\_\_

NAME THE CHILD CALLS THEM \_\_\_\_\_ RELATION \_\_\_\_\_

DOES YOUR CHILD NAP? \_\_\_\_\_ IF YES, AT WHAT TIME \_\_\_\_\_ FOR HOW LONG \_\_\_\_\_

IF YOUR CHILD NAPS, HOW DO YOU GET THEM ASLEEP? DO YOU PAT BACK, ROCK, WALK AWAY? DO THEY SLEEP WITH SOMETHING TO SOOTHE THEM: \_\_\_\_\_

IF SO, DOES IT HAVE A NAME? \_\_\_\_\_

MY CHILD: ☐ WEARS DIAPERS ☐ IS IN TRAINING ☐ IS INDEPENDENT ☐ IS INDEPENDENT BUT STILL NEEDS HELP WITH: \_\_\_\_\_

WHAT WORDS DOES YOUR CHILD USE FOR TOILETING? \_\_\_\_\_

PLEASE USE THE BACK OF THIS FORM WITH ANY OTHER INFO YOU FEEL MIGHT BE HELPFUL FOR TEACHERS....

# 2024-2025 BFBC MDO SCHOOL CALENDAR

A MORE DETAILED CALENDAR WILL BE AVAILABLE CLOSER TO THE START OF SCHOOL.  
MORE EVENTS WILL TAKE PLACE THROUGHOUT THE YEAR. THESE DATES COULD CHANGE.

AUGUST: 29: MEET THE TEACHER

SEPTEMBER: 3: FIRST DAY OF SCHOOL  
19: FAIR HOLIDAY (BISD CLOSED)

OCTOBER: TBD- PUMPKIN PARTY

NOVEMBER: 21: THANKSGIVING FEAST FOR STUDENTS  
25-29: THANKSGIVING BREAK

DECEMBER: 10: CLASS BOOK EXCHANGE/ CHRISTMAS PARTY/ LAST DAY  
12: START OF CHRISTMAS HOLIDAY

JANUARY: 9: RETURN TO SCHOOL

FEBRUARY: 13: VALENTINE EXCHANGE/PARTY

MARCH: 10-14: SPRING BREAK  
TBD: DONUTS WITH DUDES

APRIL: TBD: 50TH DAY CELEBRATION  
17: EASTER EGG HUNT (BRING 1 DZ. FILLED PLASTIC EGGS)  
20: EASTER

MAY: 5-9: TEACHER APPRECIATION WEEK  
TBD: PRE-K GRADUATION  
TBD: MARVELOUS MOM'S CELEBRATION  
13- LAST DAY OF SCHOOL