

Registration Fee:	Check #	Date	Class	Teacher Assigned	Days Attending	Date of Admission

(Office use only)

University Baptist Church (Weekday Early Education) WEE School Enrollment Form

First	Middle	Last	Goes by (Nickname)	Date of Birth

Home Phone	E-Mail Address

Address	Apt. #	City	State	Zip

Mother's Name	Work Phone	Cell	Place of Employment
Father's Name	Work Phone	Cell	Place of Employment

Allergies, illness or special needs:

Regular medications given at home:

The following persons are authorized to pick up my child.

Name	Phone	Relationship

The following persons are authorized to be contacted in case of an emergency: if for any reason, parents cannot be reached

Name	Phone	Address

Siblings Name	Age	School Currently Attending	Enrolled in WEE School
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Parents are -	<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Divorced	Legal Guardian:
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-- Please complete next page --

Are there any situations at home that we need to be aware of for the safety of the child? Yes No

Please describe –

Church Membership? Yes No

If yes, where:

Does child attend Sunday School? Yes No

If yes, where:

Family attends church: regularly sometimes seldom

Emergency Information

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION

In the event I cannot be reached to make arrangements for emergency medical attention at the time of an illness or accident, I hereby authorize the personnel of University Baptist Church to take my child to the nearest Hospital Emergency Room:

Doctor	Phone	Address

My child has been examined within the past year by a health care professional and is able to participate in the preschool program. *Within 12 months of admission, I will obtain a health care professional's signed statement and will submit it to the WEE School Office for my child's file.*

Parent Signature Date

❖ **No treatment or medication for illness will be administered to any child without written permission from a parent or guardian or instructions from a doctor or nurse.**

However, if your child should be injured at school, do we have your permission to give first aid to the best of our ability?

Please ✓ one box Yes No

I understand the above information is required for admission to University Baptist Church WEE School. The information given is accurate to the best of my knowledge.

Signed: _____
 (Parent or Legal Guardian)

Date: _____

University Baptist Church WEE School
 6465 Babcock Road
 San Antonio, Texas 78249

School office: 699-1070/Fax: 699-6308
 E-mail: weeschool@ubcsa.org
 Visit us online at www.ubcsa.org/weeschool

University Baptist Church
Weekday Early Education School
(WEE School)
HEALTH-CARE PROFESSIONAL'S STATEMENT

ADMISSION REQUIREMENT

WEE School is required by law that we have on file a dated statement from your Doctor that your child has been examined by (him or her). Please take this form the next time you take your child to your doctor and have it signed then return it to us.

Thank you,

Linda Casias
WEE School Director

HEALTH-CARE PROFESSIONAL'S STATEMENT

I have examined _____ and find that he/she is able to take part in the University Baptist Church WEE School's Program.

Date

Health-care professional Signature



Acknowledgment Form

2011 - 2012

Child's Name: _____

1. I have read and agree to follow the WEE School Parent Handbook.

Parent's Initial

2. I have received and have read a copy of the University Baptist Wee School Discipline and Guidance Policy

Parent's Initial

3. I agree to pay University Baptist WEE School the tuition amount for my child on the first school day of every month.

Parent's Initial

4. University Baptist WEE School has my permission to photograph and/or record my child. I understand that these photos will be used for classroom and school productions only.

Parent's Initial

5. I understand that my child will have snacks provided by WEE School. I have listed known food allergies below. (Be specific and list any reactions you have noted in the past. Continue on back if necessary.)

Parent Signature

Date

Discipline and Guidance Policy for University Baptist WEE School

- Discipline must be:
 - (1) Individualized and consistent for each child;
 - (2) Appropriate to the child's level of understanding; and
 - (3) Directed toward teaching the child acceptable behavior and self-control.

- A caregiver may only use positive methods of discipline and guidance that encourage self-esteem, self-control, and self-direction, which include at least the following:
 - (1) Using praise and encouragement of good behavior instead of focusing only upon unacceptable behavior;
 - (2) Reminding a child of behavior expectations daily by using clear, positive statements;
 - (3) Redirecting behavior using positive statements; and
 - (4) Using brief supervised separation or time out from the group, when appropriate for the child's age and development, which is limited to no more than one minute per year of the child's age.

- There must be no harsh, cruel, or unusual treatment of any child. The following types of discipline and guidance are prohibited:
 - (1) Corporal punishment or threats of corporal punishment;
 - (2) Punishment associated with food, naps, or toilet training;
 - (3) Pinching, shaking, or biting a child;
 - (4) Hitting a child with a hand or instrument;
 - (5) Putting anything in or on a child's mouth;
 - (6) Humiliating, ridiculing, rejecting, or yelling at a child;
 - (7) Subjecting a child to harsh, abusive, or profane language;
 - (8) Placing a child in a locked or dark room, bathroom, or closet with the door closed; and
 - (9) Requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.

My signature verifies I have read and received a copy of this discipline and guidance policy.

Signature

Date

Check one please:

Parent

employee/caregiver

household member other than parent of the child

All about Me

My name is _____.

I like to be called. _____.

My birthday is _____.

Place of birth _____.

My favorite toy is _____.

My favorite color is _____.

My favorite food is _____.

My pet is _____.

Its name _____.

I have ___ Brother(s) and ___ sister(s).

List their names and ages _____

My favorite thing to do is _____

_____.

I get scared when _____

_____.

This is the first time I have been away from Mom & Dad.




Yes _____

No _____

UBC WEE School 2011-2012 Calendar

					September					October				
M	T	W	T	F	M	T	W	T	F	M	T	W	T	F
1	2	3	4	5				1	2					
8	9	10	11	12	5	6	7	8	9	3	4	5	6	7
15	16	17	18	19	12	13	14	15	16	10	11	12	13	14
22	23	24	25	26	19	20	21	22	23	17	18	19	20	21
29	30	31			26	27	28	29	30	24	25	26	27	28
										31				
November					December					January				
M	T	W	T	F	M	T	W	T	F	M	T	W	T	F
	1	2	3	4				1	2	2	3	4	5	6
7	8	9	10	11	5	6	7	8	9	9	10	11	12	13
14	15	16	17	18	12	13	14	15	16	16	17	18	19	20
21	22	23	24	25	19	20	21	22	23	23	24	25	26	27
28	29	30			26	27	28	29	30	30	31			
February					March					April				
M	T	W	T	F	M	T	W	T	F	M	T	W	T	F
		1	2	3				1	2	2	3	4	5	6
6	7	8	9	10	5	6	7	8	9	9	10	11	12	13
13	14	15	16	17	12	13	14	15	16	16	17	18	19	20
20	21	22	23	24	19	20	21	22	23	23	24	25	26	27
27	28	29			26	27	28	29	30	30				
May														
M	T	W	T	F										
	1	2	3	4										
7	8	9	10	11										
14	15	16	17	18										
21	22	23	24	25										
28	29	30	31											

WEE School goes by the Northside ISD Calendar with the exception of first and last day of school

School Begins 
 Student Holidays 
 Last Day of School 

Student Holidays
 Sept. 5 - Labor Day
 Oct. 10 - Columbus Day
 Nov. 21-25 Thanksgiving Break
 Dec. 19-30 Christmas Break
 Jan. 16 - MLK Day
 Feb. 20 - Presidents' Day
 Mar. 12 - 16 Spring Break