

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 day care 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?

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**