

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

Child's First Name	Child's Middle Name	Child's Last Name	Goes by (Nickname)	Date of Birth

Home Phone	E-Mail Address

Address	Apt. #	City	State	Zip

Mother's Name	Mother's Home Phone	Mother's Cell Phone	Mother's Place of Employment
Mother's Occupation	Work Phone	Work Hours	Business Address

Father's Name	Father's Home Phone	Father's Cell Phone	Father's Place of Employment
Father's Occupation	Work Phone	Work Hours	Business Address

Allergies, illness or special needs:

Regular medications given at home:

*The following persons are authorized to **pick up** my child
Note: Anyone picking up your child must have a picture ID.

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:
Are there any situations at home that we need to be aware of for the safety of the child? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Please describe –				
Church Membership? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, where:				
Does child attend Sunday School? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, where:				
Family attends church: <input type="checkbox"/> regularly <input type="checkbox"/> sometimes <input type="checkbox"/> 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:

Physician	Phone	Address
Dentist	Phone	Address
Hospital	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: _____ Date: _____
 (Parent or Legal Guardian)

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