

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: A MEDICAL ACTION PLAN MUST BE ON FILE FROM YOUR PHYSICIAN DESCRIBING THE KNOWN ALLERGY, SYMPTOMS AND MEDICATION TO BE ADMINISTERED.

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:
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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

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

School office: 210-699-1070/Fax: 210-699-6308

E-mail: weeschool@ubcsa.org

Visit us online at www.ubcsa.org/weeschool

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. **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.

Print: _____
(Parent or Legal Guardian)

Signed: _____
(Parent or Legal Guardian)

Date: _____

Parent Handbook Acknowledgment Form

Child's Name: _____

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

2. _____ I have received and read a copy of the University Baptist WEE School Discipline and Guidance Policy, Unacceptable Behavior Policy and Biting Policy. Electronic copies are available to view online or you may request a copy in front office.

3. _____ I agree to pay University Baptist WEE School the tuition amount for my child on the first school day of every month and acknowledge there will be a \$15 late fee when payment is received after the 5th of the month. A \$25 NSF fee will incur for returned checks or declined online payments. A NON-REFUNDABLE \$25.00 Fee will be assessed per semester to use our PushPay Online Payment Service. No fees will be assessed for payments processed by checks, cash or money order.

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

5. _____ I understand that snacks will be provided by WEE School. If my child has a food allergy, I will provide all snacks in order to prevent cross contamination of foods that may cause harm to my child. I have listed known food allergies below. Be specific and list any reactions you have noted in the past. Continue on back if necessary. A Medical Action Plan MUST be on file from your physician describing the known allergy and directions to administer any medication related to allergies listed.

6. _____ I have received the Covid-19 Public Health Emergency Acknowledgement and Disclosure Statement and Policies and Procedures addendum to the WEE Parent Handbook. In accordance with Child Care Regulations, I acknowledge my child and I will adhere to Covid-19 Screenings during an issued Public Health Emergency.

My signature verifies I have read a copy of the Parent Handbook and all policies listed above. Electronic copies are available online or you may request a copy in our front office.

Print Parent Name

Parent Signature

Date

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 _____.

Allergies? A MEDICAL ACTION PLAN MUST BE ON FILE FROM YOUR PHYSICIAN DESCRIBING THE KNOWN ALLERGY AND ANY MEDICATION TO BE ADMINISTERED

_____.

My pet(s) is _____ It's name(s) _____.

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

List their names ages _____.

My favorite thing to do is _____.

I get scared when _____.

This is the first time I have been away from Mom & Dad. YES or NO

How does your child go to sleep? _____.

Are there any special items needed in order to go to sleep?

_____.

How would you describe your child's personality? _____.

_____.

What are your main expectations of this program?

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

ADMISSION REQUIREMENT

WEE School is required under Child Care Regulation Minimum Standards 746.603 (3) to have a dated statement of your child's health from a health-care professional. Your physician may either use this form or their own Health Care Professional's Statement provided with their signature. Electronic forms may be submitted to the following locations listed below. A new form must be submitted every school year and valid for 12 months.

Thank you,

Linda Casias
WEE School Director
Phone: 210-699-1070
Fax: 210-699-6308
Email: weeschool@ubcsa.org

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.

Health-care professional Signature

Date