

Circle Days Requested:  
 M T W TH F  
 Member of WUBC Yes No  
 Number of Children in ACV \_\_\_\_\_  
 Sibling's Name/Class \_\_\_\_\_  
 Waiting List M T W Th F

**For Office Use Only:**  
 Registration Date \_\_\_\_\_  
 Cash/Check# \_\_\_\_\_ Received\$ \_\_\_\_\_  
 Class Assignment \_\_\_\_\_  
 M T W Th F  
 Withdrawal Date \_\_\_\_\_



A MINISTRY OF WEST U BAPTIST & CROSSPOINT CHURCH

***A Children's Village 2021-22 School Year***

West University Baptist/Crosspoint Church, Preschool/Mother's Day Out  
 6218 Auden, Houston, TX 77005 Phone 713-667-5180 Fax 713-668-9913

Child's Name \_\_\_\_\_ Nickname \_\_\_\_\_ Sex \_\_\_\_\_  
 Address \_\_\_\_\_ Birth date \_\_\_\_\_ Age by Sept. 1, 2021 \_\_\_\_\_  
 City \_\_\_\_\_ Zip Code \_\_\_\_\_

Parent/Guardian 1 Name (Secondary contact for billing and other information) Home Phone \_\_\_\_\_  
 \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Email Address \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Address (if different from child) \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Parent/Guardian 2 Name (Secondary contact for billing and other information) Home Phone \_\_\_\_\_  
 \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Email Address \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Address (if different from child) \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Child lives with? \_\_\_\_\_ Additional name that might be used for tuition payment \_\_\_\_\_

How did you originally hear about our program? \_\_\_\_\_

Church of regular attendance? \_\_\_\_\_

Would you be interested in receiving information about West University Baptist/Crosspoint Church? Yes  No

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Authorization for Emergency Medical Attention:**

Please list any of the child's special problems or needs, including any known allergies, existing illnesses, previous serious illnesses and injuries, any disabilities, any hospitalizations during the past 12 months. PROVIDE A MEDICAL DIRECTIVE RELATING TO ANY MEDICAL CONDITIONS OR SPECIAL NEEDS. (Write "none" if applicable.)

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In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child:

Child's Physician \_\_\_\_\_ Phone Number \_\_\_\_\_  
Physician's Address \_\_\_\_\_ Preferred Hospital \_\_\_\_\_

**Release Information (Other than parents/guardians stated above)**

I authorize this school to allow my child to leave the facility only with the following people (over 18 years of age) and/or assume responsibility for my child in an emergency if the school is unable to contact parent(s):

*It is a Child Care Regulation rule that at least two contacts are provided other than the parents/guardians.*

Emergency Contact (also Authorized Pick-up):  
Name \_\_\_\_\_  
Relationship to child \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Home # \_\_\_\_\_  
Cell # \_\_\_\_\_  
Work # \_\_\_\_\_

Authorized to Pick-up:  
Name \_\_\_\_\_  
Relationship to child \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Home # \_\_\_\_\_  
Cell # \_\_\_\_\_  
Work # \_\_\_\_\_

**Additional Authorized Pick-up Contacts (Optional):**

Name \_\_\_\_\_  
Relationship to child \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Home # \_\_\_\_\_  
Cell # \_\_\_\_\_  
Work # \_\_\_\_\_

Name \_\_\_\_\_  
Relationship to child \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Home # \_\_\_\_\_  
Cell # \_\_\_\_\_  
Work # \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_