

Circle Days Requested: M T W TH F Member of WUBC/CP/CRMC Yes No Registering at Campus <input type="checkbox"/> West U or <input type="checkbox"/> Bellaire Number of Children in ACV _____ Sibling's Name/Class _____	For Office Use Only: Registration Date _____ Cash/Check# _____ Received\$ _____ Received by: _____ Class Assignment _____ <div style="text-align: center;"> M T W Th F </div>
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A Children's Village 2024-2025 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 _____ Preferred Name _____ Sex _____
 Address _____ Birth Date _____ Age by Sept. 1, 2024 _____
 City _____ Zip Code _____

Parent/Guardian 1 Name (Primary 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? Both Parents ☐ Grandparents ☐ Mother ☐ Father ☐ Other ☐ _____

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.)

PLEASE PROVIDE A MEDICAL DIRECTIVE RELATING TO ANY MEDICAL CONDITIONS OR SPECIAL NEEDS (e.g., Food Allergy Action Plan)

Allergies? Yes ☐ None ☐ Epi-Pen/Benadryl required? Yes ☐ No ☐ Medical Condition? Yes ☐ None ☐

List type of allergies/medical condition: _____

Note: _____

In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge at A Children's Village to take my child to the following physician/hospital:

Child's Physician _____ Phone Number _____

Physician's Address _____ Preferred Hospital* _____

**In case of emergency, please list hospital.*

Release Information (Other than parents/guardians)

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 _____

Cell # _____

Emergency Contact (also Authorized Pick-up):

Name _____

Relationship to child _____

Address _____

Cell # _____

Additional Authorized Pick-up Contacts (Optional):

Name _____

Relationship to child _____

Cell # _____

Name _____

Relationship to child _____

Cell # _____

Name _____

Relationship to child _____

Cell # _____

Name _____

Relationship to child _____

Cell # _____

Name _____

Relationship to child _____

Cell # _____

Name _____

Relationship to child _____

Cell # _____

Parent/Guardian Signature _____ Date _____



2024 – 2025 School Year

Child's Name: _____

Immunizations

Children may not begin school until the immunization and physician's statement requirements are met. Immunization records must be up to date for each child. Please give us an updated record as soon as your child receives any additional immunization. This means parents with very young children should be giving us an updated record every few months. **We do NOT accept any form of Immunization Exemptions, no exceptions allowed.**

Field Trip Permission

My child has permission to attend field trips planned by A Children's Village. All trips will be within walking distance of the school and will not involve vehicles. I acknowledge that I will receive a written note about the trip at least a week in advance.

Water Play Permission

ALL CLASSES: My child has permission to play with a water discovery table.

FROGS, CUBS, KANGAROOS, JAGUARS, OWLS, and GIRAFFES: My child has permission to play in a wading pool with his/her class. I acknowledge that I will be contacted before my child plays in a wading pool.

Emergency Waiver

See separate page for release and waiver.

Photograph Permission

☐ I give my permission for my child's picture and/or likeness to be used for A Children's Village display, promotion, and advertising, including print media for brochures, articles, social media, and website.

☐ I **do not** give my permission for my child's picture and/or likeness to be used for A Children's Village display, promotion, and advertising, including print media for brochures, articles, social media, and website.

Parent/Guardian Signature _____ Date _____



2024 – 2025 School Year

Financial Policies

- Registration fees must be paid immediately and are **NON-REFUNDABLE**; tuition fees will be added after and adjusted if necessary, depending on the child's first day of attendance. Non-refundable payments and tuition overpayments may not be redistributed as church donations.
- September's tuition is due by July 1 and is **NON-REFUNDABLE**. If class placement is not confirmed with payment, the child's place will be released to the next child on the waiting list.
- October through May tuition is due by the 5th of each month and paid one month in advance (e.g., October tuition is due on September 1). A \$25 late payment fee will be charged to your account for that month if payment is not received by the 5th.
- Tuition fees will appear in each child's account as a total balance for the remaining months in the school year. (e.g., A child in the Frogs class will attend 3 days/week from September through May, a total of nine months. Monthly tuition is \$485. The child's account will show an initial total balance of \$485 x 9 months, or \$4,365.) This total balance **is not required in one payment**; tuition will still be paid monthly.
- Supply fees are added and due on October 1st, 2024, and February 1st, 2025. The fees are not on autopay and must be paid through the parent portal or with cash or a check payable to WUBC.
- There is an administrative processing fee of \$35 charged for each class change after registration is complete. This includes switching a day and Stay & Play.
- One month's written notice is required when withdrawing a child from school or making any change. If one month's notice is not possible, one month's tuition may be substituted. (This policy also applies to **Stay & Play**.)
- A late pick-up fee will be charged of \$25 after a 3rd warning if a child is not picked up by 2:00 pm, or 4:00pm for children attending Stay & Play. Cell phone time will be the official time.
- **Automatic Payments:** All enrolled families are understood to enroll in automatic payments through the parent portal unless they are opting out and will self-pay through the parent portal or pay by cash or check payable to WUBC on the 1st of each month.
- **Non-Payment** – if no payment arrangement has been made, your child's enrollment will be subject to removal from ACV if payment is more than 30 days late.

Parent/Guardian Signature _____ Date _____



2024 – 2025 School Year

Child's Name: _____

Emergency Waiver

In the event an emergency arises, necessitating immediate medical or surgical treatment, I hereby give complete permission and consent to West University Baptist/Crosspoint Church, its representatives, employees, staff, volunteers and/or any attending physician to (1) transport the above referenced child to an emergency medical facility in the event that an ambulance or paramedic unit is not immediately available from the West University Fire Department and/or (2) administer first aid and make such decisions or administer such further medical treatment, including surgery, upon the above named child as is deemed appropriate and necessary in the sole discretion of the representative, employee, staff, volunteer of West University Baptist/Crosspoint Church and/or attending physician. I so release, acquit, and forever discharge West University Baptist/Crosspoint Church, their personnel, chaperones, and any parties volunteering on behalf of the church from any and all actions, claims, damages, liabilities, costs, or expenses of any kind growing out of or relating to A Children's Village Preschool/Mother's Day Out Program, except in the case of gross negligence. I acknowledge that this is a full and complete release for all injuries and damages which the above-named child may sustain as a result of participating in the daily activities and/or field trip outings.

Parent/Guardian Signature _____ Date _____