



travis avenue baptist church

Age (as of 9/01/17) _____

WOW

2017-2018 Enrollment Form

Child's Name _____ Birthdate ____/____/____ Sex _____
mm / dd / yyyy

Parents' Relationship to Each Other: ☐ Married ☐ Divorced ☐ Separated ☐ Single

(If divorced, a copy of the Divorce Decree noting guardianship, days of visitation, etc.. must accompany this form.)

Child lives with (please check all that apply):

☐ Mother and Father ☐ Mother ☐ Father ☐ Other _____

Father's Name _____ Home Phone _____
Home Address _____
City _____ State _____ Zip _____
Occupation _____ Employer _____
Work Phone _____ Mobile _____
Driver's License # _____ DL State _____ Expiration ____/____/____ Birthday ____/____/____
Email _____ @ _____
Church Affiliation _____

Mother's Name _____ Home Phone _____
Home Address (if different) _____
City _____ State _____ Zip _____
Occupation _____ Employer _____
Work Phone _____ Mobile _____
Driver's License # _____ DL State _____ Expiration ____/____/____ Birthday ____/____/____
Email _____ @ _____
Church Affiliation _____

Emergency Contact

List at least one local person who will be available to assume responsibility for your child in an emergency if parents cannot be reached.

Photograph or DL number of approved persons must be provided to the TABC WOW with this form.

Name _____ Relationship to Student _____
Home Address _____
City _____ State _____ Zip _____
Occupation _____ Employer _____
Work Phone _____ Mobile _____ Home Phone _____
Driver's License # _____ DL State _____ Expiration ____/____/____ Birthday ____/____/____

Release of Child

I authorize that my child _____, be released by Travis Avenue Baptist Church Christian Early Learning Center to the following persons, in addition to those already listed on this form. ***Photograph or driver's license number of approved persons must be provided to the TABC WOW with this form.***

Name _____ Relationship to child _____
Address _____ City _____ State _____ Zip _____
Work Phone _____ Mobile Phone _____
Driver's License # _____

Name _____ Relationship to child _____
Address _____ City _____ State _____ Zip _____
Work Phone _____ Mobile Phone _____
Driver's License # _____

I, _____, the parent or guardian of _____,
attest that the information given in this form is correct. I also understand that monthly tuition is due on the 1st of
each month and late after the 10th of each month. I understand that if tuition goes more than one month late
that it could result in withdrawal from the program.

Signature

Date

Travis Avenue Baptist Church
Emergency Medical Authorization
Permission to Participate in Church Activity
And Release of Liability

2017-18

Child's Full Name: Mr. /Miss _____ Gender Male Female

Activity: 2017-2018 WOW Preschool

Date(s): August 2017– May 2018

Birthdate: Month _____ Day _____ Year _____ Age: _____

Medical Information:

Last Tetanus Shot: _____

Known Allergies: _____

Any Physical Limitations: _____

Child's Physician: _____

Telephone Number: () _____ Address: _____

Medical Insurance Coverage: Yes _____ No _____

*Insurance Company Name: _____

*** Please attach a photocopy of your Insurance card**

Policy Number: _____

Telephone Number: _____

Parent or Guardian: _____

Address: _____

Home Phone: _____

Dad's Cell: _____

Mom's Cell: _____

Business Phone: Dad: _____ Mom: _____

Other Emergency contact: _____

Name: _____

Home Phone: _____ Mobile Phone: _____

THE STATE OF TEXAS ()

COUNTY OF TARRANT ()

KNOW ALL MEN BY THESE PRESENTS;

1. In the event that we (I) cannot be reached at the time of accident or illness, or the medical emergency of a nature such that time does not permit such a contact. We (I) do hereby make constitute and appoint the herein named designee(s) whether one or more, as our (my) attorney(s)-in-fact to perform all acts involving any necessary medical treatment which may be required in our (my) absence for our (my) child(ren) including transporting or arranging for transportation for our (my) child(ren) to an adequate medical facility: signing medical authorization. Informed consent(s) hospital admission records, and any other written instruments necessary for our (my) child(ren) to receive necessary medical treatment and to do all of said acts in our (my) name, place and stead. And we (I) do hereby ratify and confirm all acts performed by said attorney(s)-in-fact.

2. We (I) give our (my) permission for our (my) child(ren) to participate in the above-described activity/activities and if necessary, to ride in the church vehicle(s) and/or privately owned vehicle in transit to that activity. We (I) fully understand and agree that neither Travis Avenue Baptist Church nor any supervising adult or sponsor will be held responsible for any accident or illness that may occur to my child(ren) and we (I) hereby agree to release Travis Avenue Baptist Church and any supervising adult or sponsor of and from any legal responsibility or liability for any damages whatsoever.

3. We (I) give our (my) permission and consent to Travis Avenue Baptist Church for any photographs, videotapes and interviews to be taken during the above-described activity to be published and used to illustrate, report, and advertise our ministries including on Internet Web Site promoting or reporting on our church.

Parent or Guardian's Signature

Date

State of _____ County of _____. This instrument was acknowledged before me on (date) _____ by _____

(Signature of Parent/Guardian)

(Notary Seal)

(Notary Public)