



# travis avenue baptist church CELC & WOW

## 2019-2020 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 CELC 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 \_\_\_\_/\_\_\_\_/\_\_\_\_

### Authorization for Emergency Medical Attention

In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge of CELC/WOW to take my child to: Name of Physician: \_\_\_\_\_ Address: \_\_\_\_\_

Physicians Phone: \_\_\_\_\_

Name of Emergency Medical Care Facility: \_\_\_\_\_ Address: \_\_\_\_\_

I give consent for the facility to secure any and all necessary emergency medical care for my child.

Signature of Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Check days of anticipated attendance: Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_

### 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 CELC with this form.*

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
 Work Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_  
 Driver's License # \_\_\_\_\_ What does your child call this person? \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
 Work Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_  
 Driver's License # \_\_\_\_\_ What does your child call this person? \_\_\_\_\_

### Child's Allergies

My child \_\_\_\_\_, has the following allergies: \_\_\_\_\_

The procedures to handle an allergic reaction are: \_\_\_\_\_

### Permissions for Photographs

- \_\_\_\_\_ YES, Travis Avenue Weekday may take/print photos of my child for classroom activities and crafts, to be sent home.
- \_\_\_\_\_ YES, Travis Avenue Weekday may use photos of my child for printed church publications but not online.
- \_\_\_\_\_ YES, Travis Avenue Weekday may use photos of my child on social media or the website
- \_\_\_\_\_ NO, Please DO NOT use any photographs of my child, even in the classroom.

I, (parent) \_\_\_\_\_, 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 1<sup>st</sup> of each month and late after the 10<sup>th</sup> 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