

PLEASE PRINT

For Office Use Only:

Registration Date: _____ # _____

Amount Received _____ Check # _____

First Day of School _____

FOOTSTEPS

West University Church of Christ
Preschool | Mother's Day Out
3407 Bissonnet St., Houston, TX 77005 713-666-9403
www.westuchurch.com reni.burns@gmail.com

Today's Date _____

Child's Name _____ Birthday _____

Address _____ City _____

Zip Code _____ Home Phone _____

Age of child September 1, 2010 _____ Sex _____

Sibling(s) 1. _____ Age _____

School Attending _____

Address of School _____

Phone Number _____

Sibling 2. _____ Age _____

School Attending _____

Address of School _____

Phone Number _____

Sibling 3. _____ Age _____

School Attending _____

Address of School _____

Phone Number _____

Child's Name _____

FOOTSTEPS - Student Enrollment

Father's Name _____

Father's Occupation _____

Father's Employer/Company Name & Address _____

Work Phone _____ Cell Phone _____

Mother's Name _____

Mother's Occupation _____

Mother's Employer/Company Name & Address _____

Mother's
Work Phone _____ Cell Phone _____

E-Mail Addresses: 1. _____

2. _____

3. _____

MEDICAL INFORMATION

Pediatrician's Name _____

Pediatrician's Phone Number & Address _____

Has your child had any of the following? Please write "YES" or "NO" were applicable.

Measles _____ Mumps _____ Chicken Pox _____ Whooping Cough _____

Meningitis _____ Convulsions _____

Child's Name _____

FOOTSTEPS - Student Enrollment

Is there any evidence of:

Hearing Loss _____ Vision Difficulties _____ Speech Difficulties _____

Birth Defect(s):

Clubfoot or any orthopedic problems _____ Cleft lip or Cleft palate _____

Dwarfism _____ Spinal bifida _____ Congenital Heart Defect _____

Other (please explain) _____

Does your child receive any medication on a regular basis? _____

If yes, please give names _____

Please list any of the child's special problems or needs, including existing illnesses, previous serious illnesses and injuries, any disabilities, any hospitalizations during the past 12 months, and any medication prescribed for any long-term continuous use. (Write "NONE" if applicable).

Does your child have allergies? _____ Food allergy _____

Eczema or other skin condition _____ Hay fever or other allergy _____

Drug allergy _____ Other (explain) _____

List ANY reaction that may occur from their allergies _____

My child, _____, has an EPI pen that has been left at school. It may be
(child's name)

administered to my child in the case of an emergency. _____
(signature and date)

Child's Name _____

FOOTSTEPS - Student Enrollment

Health Insurance Company Name & Address _____

Health Insurance Company Phone Number _____

Health Insurance ID/Policy Number _____

Health Insurance Group Number _____

Preferred Hospital _____

I, _____ give my authority and permission for
(parent's name)

emergency treatment of my child _____, to staff members of
(child's name)

Footsteps or emergency personnel in the event of an emergency in my absence.

(Signature) (Date)

List any behavioral problem your child may have: _____

Does your child take a nap? _____

Is your child afraid of the dark? _____

Is your child shy? _____

Has your child been left with anyone *other* than relatives? Please explain.

Does your child have any physical or emotional problems?

Child's Name _____

FOOTSTEPS - Student Enrollment

Emergency Contacts

In case of child's illness or school emergency, we will attempt to contact the parents first. In the event that the parents cannot be reached, please provide the names of 2 responsible adults we may contact:

1. Name: _____ Phone: _____

Relationship to child: _____

Address: _____

2. Name: _____ Phone: _____

Relationship to the child: _____

Address: _____

I, _____, give permission for the person(s) listed below to pick up my child, _____, from Footsteps in my absence.

Authorized persons: _____

Is your child toilet trained or in training? _____

Water and Paint Activity Permission

My child, _____, has permission to play with the water table, play dough, sand table, washable markers, washable school glue, washable paints and school safe scissors with his/her class. I acknowledge that their clothes may become dirty and/or soiled from these activities. I understand that I should send an additional set of play clothes should the need arise for their clothes to be changed.

(Signature)

(Date)

Child's Name _____

Child's Date of Birth _____

Health Statement

Please check only ONE option:

- 1. My child has been examined within the past year by a health care professional and is able to participate in the mother's day out program. Within 12 months of admission, I will obtain a health care professional's signed statement and will submit it to the Footsteps program.
Name and Address of health care professional: _____

- 2. A signed and dated copy of a health statement is attached.

- 3. HEALTH-CARE PROFESSIONAL'S STATEMENT:

I have examined _____ within the past year and find that he/she is able to take part in the mother's day out program, Footsteps.

 Health Care Professional's Signature Date

Hearing and Vision Statement

To be completed for each child that is 4 years of age by September 1st.

VISION: R20/ _____ L20/ _____ Pass Fail

HEARING: 1000Hz 2000Hz 4000Hz

R

L

Pass Fail

 Health Care Professional's Signature Date

Child's Name _____

FOOTSTEPS - Student Enrollment

How did you hear about our program?

_____ Newspaper advertisement _____ Church marquee/sign

_____ Friend/word of mouth; Name of Friend _____

_____ Other; Please specify _____

What church do you attend? _____

Would you like information about the Church of Christ? _____

Footsteps Mother's Day Out

Child's Name _____ Date of birth _____

Permission Slip and Parental Release

Footsteps staff has the deepest concern and care for every child in this program. With this genuine care comes a great responsibility. In accepting this responsibility, Footsteps staff reserves the right, in the case of an emergency, to contact an alternative guardian to pick your child up from our program. The alternate guardian will be designated by the parents through written consent below. The guardian may be called by a staff member in the case of an emergency. An emergency is defined as the absence of a parent or the physical impairment of a parent/guardian who is unable to care for the child or safely deliver the child home.

Alternative Guardian (PLEASE PRINT)

Phone Number(s)

PLEASE READ AND INITIAL THE FOLLOWING GUIDELINES. PLEASE SIGN ON THE LINE AT THE BOTTOM OF THE PAGE IF YOU UNDERSTAND AND ACCEPT THESE PROCEDURES.

_____ My Pre-K aged child (4 yrs. – 5 yrs.) is allowed to attend any field trip during Footsteps operational hours. He/She will travel in a vehicle driven by a Footsteps staff member. He/She will be expected to follow the program rules and to exhibit the appropriate behavior designated by the teacher.

_____ In case of a life threatening emergency, my child will be administered First Aid/CPR. Emergency medical persons will be called, and the necessary medical attention will be given

_____ I have provided Footsteps MDO with a copy of my child's most recent immunization record and all required immunizations are current.

_____ Within 12 months from the date of enrollment, I will obtain a signed Health Statement from our current pediatrician. I will submit this document to Footsteps MDO on or before _____.

_____ I acknowledge receipt of the Footsteps Handbook and operational policies including those for discipline and guidance. I further acknowledge that I can find a current copy on the web-site at westuchurch.com.

_____ I give permission to Footsteps MDO to take classroom photos of my child for school projects, to post my child's pictures on school bulletin boards, the Footsteps web site, and any of the local newspapers.

_____ I understand that no alcoholic beverages, illegal substances, nor tobacco products are allowed on the Footsteps campus at West University Church of Christ.

_____ I so release, acquit, and forever discharge West University Church of Christ, their personnel, chaperones, and any parties volunteering on behalf of the church from any and all actions, claims, damages, liabilities, cost, or expenses of any kind growing out of relating to Footsteps Preschool and Mother's Day Out Program. I acknowledge that this is a full and complete release for all injuries and damages which the above named person may sustain as a result of participating in the daily activities and/or field trip outings.

(Parent's Signature)

(Date)

FINANCAL STATEMENT

PLEASE READ AND INITIAL THE FOLLOWING GUIDELINES. NEXT, SIGN ON THE LINE AT THE BOTTOM OF THE PAGE IF YOU UNDERSTAND THE REQUIRMENTS.

_____ Annual registration and supply fees, paid at the time of enrollment, are **non-refundable**.

_____ I agree to pay my complete tuition, as well as, any activity fees that my child my have.

_____ Tuition is due on the 1st Tuesday of each month. A \$2.50 late fee will be charged for each day that the tuition is not paid.

_____ A \$35.00 fee will be charged for each returned check. After receiving two returned checks, only cash, money orders, or cashier's checks will be accepted.

_____ A \$10.00 late fee will be charged if a child is not picked up by 2:40pm. An additional \$1.00 will be charged for every minute after 2:40pm. Late fee money will be used to enhance your child's classroom.

_____ One month's written notice is required when withdrawing a child from the school. If one month's notice is not possible, one month's tuition may be substituted.

_____ If your child is absent for an extended period of time, half of the monthly tuition, for each month they are absent, will be required to hold their place in class. Otherwise, their spot will be given to another child on our waiting list. (\$125 for Tuesday/Thursday classes; \$163 for Monday, Tuesday & Thursday classes)

I have read the above statements and agree that I will abide by them during the 2010-2011 school year.

(Signature)

(Date)