

**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](http://www.westuchurch.com) [footsteps@westuchurch.com](mailto:footsteps@westuchurch.com)

Today's Date \_\_\_\_\_

Child's Name \_\_\_\_\_ Birthday \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Zip Code \_\_\_\_\_ Home Phone \_\_\_\_\_

Age of child September 1, 2009 \_\_\_\_\_ Sex \_\_\_\_\_

Sibling(s) 1. \_\_\_\_\_ Age \_\_\_\_\_

School Attending \_\_\_\_\_

Sibling 2. \_\_\_\_\_ Age \_\_\_\_\_

School Attending \_\_\_\_\_

Sibling 3. \_\_\_\_\_ Age \_\_\_\_\_

School Attending \_\_\_\_\_

Father's Name \_\_\_\_\_

Father's Occupation \_\_\_\_\_

Father's Employer/Company Name & Address \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_

Mother's Occupation \_\_\_\_\_

Child's Name \_\_\_\_\_

**FOOTSTEPS - Student Enrollment**

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" where applicable.

Measles \_\_\_\_\_ Mumps \_\_\_\_\_ Chicken Pox \_\_\_\_\_ Whooping Cough \_\_\_\_\_

Meningitis \_\_\_\_\_ Convulsions \_\_\_\_\_

Is there any evidence of:

Hearing Loss \_\_\_\_\_ Vision Difficulties \_\_\_\_\_ Speech Difficulties \_\_\_\_\_

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 ANY allergies? \_\_\_\_\_

List any reaction that may occur from their allergies \_\_\_\_\_

\_\_\_\_\_

**PLEASE PRINT**

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 emergency treatment of my child \_\_\_\_\_, to staff members of 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?

\_\_\_\_\_

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

I. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_

Child's Name \_\_\_\_\_

**FOOTSTEPS - Student Enrollment**

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? \_\_\_\_\_

Is your child left or right handed? \_\_\_\_\_

**Water and Paint Activity Permission**

My child, \_\_\_\_\_, has permission to play with the water table, play dough, sand table, washable markers, washable school glue and washable paints 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)

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

West University Church of Christ  
Preschool | 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 child 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. PRE-K CLASS ONLY.

\_\_\_\_\_ 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

\_\_\_\_\_ My child, \_\_\_\_\_, has an Epi pen that has been left at school. It may be administered to my child in the case of an emergency.

\_\_\_\_\_ 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 AND 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 1<sup>st</sup> 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 \$5.00 late fee will be charged if a child is not picked up by 2:40pm, and \$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, a payment of \$100.00 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.

I have read the above statements and agree that I will abide by them during the 2009-2010 school year.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)