



TRAVIS AVENUE

CELC & WOW 2024-25 Enrollment Form

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

Parents' Relationship to Each Other: Married Divorced Separated Single
(If unmarried, a copy of any guardianship agreement (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 _____ Phone _____
Home Address _____ Zip _____
Occupation _____ Employer _____
Work Phone _____ Other Phone _____
Driver's License # _____ DL State ____ Birthday ____/____/____
Email(s): _____
Church Affiliation _____

Mother's Name _____ Phone _____
Home Address _____ Zip _____
Occupation _____ Employer _____
Work Phone _____ Other Phone _____
Driver's License # _____ DL State ____ Birthday ____/____/____
Email(s): _____
Church Affiliation _____

Emergency Contact and Alternative Adults for Pick Up

List at least one local person who will be available to assume responsibility for your child in an emergency if parents cannot be reached. 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. **Copy of Drivers License of approved persons must be provided with this form.**

Name #1 _____ Relationship to child _____
Address _____ Zip _____
Mobile Phone _____ Work Phone _____ Other Phone _____
Driver's License # _____ What does your child call this person? _____

Name #2 _____ Relationship to child _____
Address _____ Zip _____
Mobile Phone _____ Work Phone _____ Other Phone _____
Driver's License # _____ What does your child call this person? _____

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 transport my child to:

___ Any Emergency Clinic/ER or ___ only: Name of Emergency Medical Care Facility: _____
Name of Physician: _____ Physicians Phone: _____

I give consent for the facility to secure any and all necessary emergency medical care for my child. People listed above may pick up my child.

Signature of Parent or Legal Guardian: _____ Date: _____

CELC & WOW

Check days of anticipated attendance: Tuesday ___ Wednesday ___ Thursday ___

Child's Allergies

My child _____ has the following allergies: _____

The procedures to handle an allergic reaction are: _____

Child's Characteristics

What would you want a teacher to know about your child? _____

Developmental Delays If Applicable: _____

Behavioral Issues or Suggestions for Directing Behavior: _____

Permissions for Photographs

___ YES, Travis Avenue Weekday may take/print photos of my child for classroom activities and crafts.

___ YES, Travis Avenue Weekday may use photos of my child on the private Travis Weekday Parents Facebook Page

___ NO, Please DO NOT use any photographs of my child, even in the classroom.

I, (parent) _____, the parent or guardian of (child) _____, attest that the information given in this form and all other forms for this school year are correct.

I also understand that monthly tuition is due on the 1st of each month and late after the 10th of each month, incurring a late fee.

I understand that if tuition goes more than **one month late** that it could result in withdrawal from the program.

Signature

Date