

Circle Days Requested: <b>M      T      W      TH      F</b> Member of CityRise? <b>Yes</b> <b>No</b> Number of Children in ACV _____ Sibling's Name/Class _____	<b>For Office Use Only:</b> Registration Date _____ Cash/Check# _____ Received\$ _____ Received by: _____ Class Assignment _____ M      T      W      Th      F
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## A Children's Village 2026-2027 School Year

West University Baptist Church | 6218 Auden St., Houston, TX 77005 | Phone 713-667-5180

Child's Name \_\_\_\_\_ Preferred Name \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_ Birth Date \_\_\_\_\_ Age by Sept. 1, 2026 \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Parent/Guardian 1 Name (Primary contact for billing and other information) Home Phone \_\_\_\_\_

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

Email Address \_\_\_\_\_ Work Phone \_\_\_\_\_

Address (if different from child) \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Parent/Guardian 2 Name \_\_\_\_\_ Home Phone \_\_\_\_\_

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

Email Address \_\_\_\_\_ Work Phone \_\_\_\_\_

Address (if different from child) \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Child lives with? Both Parents ☐ Grandparents ☐ Mother ☐ Father ☐ Other ☐ \_\_\_\_\_

How did you hear about our program? \_\_\_\_\_

Church of regular attendance? \_\_\_\_\_

Would you be interested in receiving information about CityRise Church? Yes ☐ No ☐

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Child's Special Care Needs (Check all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> Environmental allergies                                 | <input type="checkbox"/> Limitations or restrictions on child's activities        |
| <input type="checkbox"/> Food intolerances                                       | <input type="checkbox"/> Reasonable accommodations or modifications               |
| <input type="checkbox"/> Existing illness  | <input type="checkbox"/> Adaptive equipment ( <i>include instructions below</i> ) |
| <input type="checkbox"/> Previous serious illness                                | <input type="checkbox"/> Symptoms or indications of complications                 |
| <input type="checkbox"/> Injuries and hospitalizations ( <i>past 12 months</i> ) | <input type="checkbox"/> Medications prescribed for continuous long-term use      |
| <input type="checkbox"/> Other: _____  | <input type="checkbox"/> None   |

Please explain any needs selected above:

Authorization for Emergency Medical Attention:

PLEASE PROVIDE A MEDICAL DIRECTIVE RELATING TO ANY MEDICAL CONDITIONS OR SPECIAL NEEDS (e.g., Food Allergy Action Plan)

Food Allergies? Yes ☐ No ☐ Epi-Pen/Benadryl required? Yes ☐ No ☐

List type of food allergies: \_\_\_\_\_

In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge at A Children's Village to take my child to the following physician/hospital:

Child's Physician \_\_\_\_\_ Phone Number \_\_\_\_\_

Physician's Address \_\_\_\_\_ Preferred Hospital\* \_\_\_\_\_

\_\_\_\_\_

*\*In case of emergency, please list hospital.*

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Release Information (Other than parents/guardians)

I authorize this school to allow my child to leave the facility only with the following people (over 18 years of age) and/or assume responsibility for my child in an emergency if the school is unable to contact the parent(s):

*It is a Child Care Regulation rule that at least two contacts are provided other than the parents/guardians.*

Emergency Contact (also Authorized Pick-up):

Name\_\_\_\_\_

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

Address\_\_\_\_\_

\_\_\_\_\_

Cell # \_\_\_\_\_

Emergency Contact (also Authorized Pick-up):

Name\_\_\_\_\_

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

Address\_\_\_\_\_

\_\_\_\_\_

Cell # \_\_\_\_\_

Additional Authorized Pick-up Contacts (Optional):

Name\_\_\_\_\_

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

Cell # \_\_\_\_\_

Name\_\_\_\_\_

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

Cell # \_\_\_\_\_

Name\_\_\_\_\_

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

Cell # \_\_\_\_\_

Name\_\_\_\_\_

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

Cell # \_\_\_\_\_

Name\_\_\_\_\_

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

Cell # \_\_\_\_\_

Name\_\_\_\_\_

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

Cell # \_\_\_\_\_

Parent/Guardian Signature\_\_\_\_\_Date\_\_\_\_\_



2026 - 2027 School Year

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

### Immunizations

Children may not begin school until the immunization and physician's statement requirements are met. Immunization records must be up to date for each child. Please provide us with an updated record as soon as your child receives any additional immunizations. This means parents with very young children should be giving us an updated record every few months.

**Immunization exemptions are accepted.** Families requesting a conscious vaccination exemption for their child must submit the original notarized Exemption Affidavit from the State of Texas, copies of the affidavit will not be accepted.

### Field Trip Permission

My child has permission to attend field trips planned by A Children's Village. All trips will be within walking distance of the school and will not involve vehicles. I acknowledge that I will receive a written note about the trip at least a week in advance.

### Water Play Permission

*ALL CLASSES: My child has permission to play with a water discovery table.*

*A Children's Village does not participate in water activities that require a wading pool.*

*I acknowledge that my child will NOT play in a wading pool during the hours of A Children's Village.*

### Photograph Permission

☐ I give my permission for my child's picture and/or likeness to be used for *A Children's Village* display, promotion, and advertising, including print media for brochures, articles, social media, and website.

☐ I **do not** give my permission for my child's picture and/or likeness to be used for *A Children's Village* display, promotion, and advertising, including print media for brochures, articles, social media, and website.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



## 2026 - 2027 School Year

### Financial Policies

- Registration fees must be paid immediately and are **NON-REFUNDABLE**; tuition fees will be added after and adjusted if necessary, depending on the child's first day of attendance. Non-refundable payments and tuition overpayments may not be redistributed as church donations.
- May 2027 tuition is due by July 1, 2026 and is **NON-REFUNDABLE**. If class placement is not confirmed with payment, the child's place will be released to the next child on the waiting list.
- September through April tuition is due by the 5th of each month. A \$25 late payment fee will be charged to your account for that month if payment is not received by the 5th.
- Tuition fees will appear in each child's account as a total balance for the remaining months of the school year. (e.g., A child in the Frogs class will attend 3 *days/week* from September through May, a total of nine months. Monthly tuition is \$540. The child's account will show an initial total balance of \$540 x 9 months, or \$4,860) This total balance **is not required in one payment**; tuition will still be paid monthly.
- Supply fees are due on August 1<sup>st</sup>, 2026. The fees are not on autopay and must be paid through the parent portal or with cash or a check payable to WUBC.
- There is an administrative processing fee of \$35 charged for each class change after registration is complete. This includes switching a day and Stay & Play.
- A 30-day written notice is required by the 5<sup>th</sup> of the month when withdrawing a child from school or making any change. If a 30-day notice is not possible, one month's tuition will be substituted. (This policy also applies to Stay & Play.)
- A \$25 late pick-up fee will be charged after a 3<sup>rd</sup> warning if a child is not picked up by 2:00 p.m., or 4:00 p.m. for children attending Stay & Play. Cell phone time will be the official time.
- **Automatic Payments:** All enrolled families are understood to enroll in automatic payments through the parent portal unless they are opting out and will self-pay through the parent portal or pay by cash or check payable to WUBC on the 1st of each month.
- **Credit/Debit Card:** All families enrolled understand that a 3.95% fee will be added to any payment processed with a credit/debit card.
- **Non-Payment** - if no payment arrangement has been made, your child's enrollment will be subject to removal from ACV if payment is more than 30 days late.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



2026 - 2027 School Year

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

### Emergency Waiver

In the event an emergency arises, necessitating immediate medical or surgical treatment, I hereby give complete permission and consent to CityRise Church, its representatives, employees, staff, volunteers and/or any attending physician to (1) transport the above referenced child to an emergency medical facility in the event that an ambulance or paramedic unit is not immediately available from the West University Fire Department and/or (2) administer first aid and make such decisions or administer such further medical treatment, including surgery, upon the above named child as is deemed appropriate and necessary in the sole discretion of the representative, employee, staff, volunteer of CityRise Church and/or attending physician. I so release, acquit, and forever discharge CityRise Church, their personnel, chaperones, and any parties volunteering on behalf of the church from any and all actions, claims, damages, liabilities, costs, or expenses of any kind growing out of or relating to A Children's Village Preschool/Mother's Day Out Program, except in the case of gross negligence. I acknowledge that this is a full and complete release for all injuries and damages which the above-named child may sustain as a result of participating in the daily activities and/or field trip outings.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_