



REGISTRATION FORM

2010-2011

Westland Baptist Church, Katy, Texas
Please fill out front and back of this form

Parent Information

Parent's Names _____
 Phone where you can be reached: _____ Home Phone _____
 Where you can be found while your children are in our care?

 Street Address _____
 City _____ State _____ Zip _____
 E-mail _____
 Church Home _____
 Your children's school name _____

Child Information

First Name _____
 Last Name _____
 Birthdate _____ Grade _____ Gender M F
 Allergy or Medical Issues _____

First Name _____
 Last Name _____
 Birthdate _____ Grade _____ Gender M F
 Allergy or Medical Issues _____

First Name _____
 Last Name _____
 Birthdate _____ Grade _____ Gender M F
 Allergy or Medical Issues _____

First Name _____
 Last Name _____
 Birthdate _____ Grade _____ Gender M F
 Allergy or Medical Issues _____

First Name _____
 Last Name _____
 Birthdate _____ Grade _____ Gender M F
 Allergy or Medical Issues _____

Staff use Only - cost is \$40.00 per student due at registration + \$15 due January 2011

Installment Plan _____ Amount Paid _____

Payment in Full _____

PARENTS MEDICAL RELEASE AND PERMISSION

In case of accident—I prefer

_____ Administer First Aid and secure medical attention needed

_____ Administer First Aid and call me before medical attention is given

I understand that I will not hold Westland Baptist Church, Katy responsible for any injuries or accident and I give my permission for my student to participate.

Photo/Video Release

_____ I give my permission to Westland Baptist Church to photograph my child and use such photos in all forms of WBC media.

_____ I do not want my child photographed.

Parent Signature _____

Date _____