



# REGISTRATION FORM

## 2018-2019

Westland Baptist Church  
Roy Meadows; Katy, TX  
for 4 year olds (9/01/18 & potty  
trained) through 5th grade students

### Parent Information

Please attend 1 Parent Meeting, 6:15 on either 8/29 or 9/5

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

Father's Cell \_\_\_\_\_ Mother's Cell \_\_\_\_\_

Most recent valid email \_\_\_\_\_

Which semester can you substitute as a listener? **Fall** or **Spring** or **Both**? *Circle one.*

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Church Home \_\_\_\_\_

### Child Information

First Name \_\_\_\_\_ Grade \_\_\_\_\_

Last Name \_\_\_\_\_

Birthdate \_\_\_/\_\_\_/\_\_\_ Age \_\_\_\_\_ Gender M F

Allergy or special needs \_\_\_\_\_

First Name \_\_\_\_\_ Grade \_\_\_\_\_

Last Name \_\_\_\_\_

Birthdate \_\_\_/\_\_\_/\_\_\_ Age \_\_\_\_\_ Gender M F

Allergy or special needs \_\_\_\_\_

First Name \_\_\_\_\_ Grade \_\_\_\_\_

Last Name \_\_\_\_\_

Birthdate \_\_\_/\_\_\_/\_\_\_ Age \_\_\_\_\_ Gender M F

Allergy or special needs \_\_\_\_\_

First Name \_\_\_\_\_ Grade \_\_\_\_\_

Last Name \_\_\_\_\_

Birthdate \_\_\_/\_\_\_/\_\_\_ Age \_\_\_\_\_ Gender M F

Allergy or special needs \_\_\_\_\_

**Cost is:** \$45 for children of weekly Awana volunteers, per student. Due at registration.

\$60 per student for all other families. Due at registration.

**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 child/children to participate. I understand that any photography taken of my child/children is used only for WBC media.

Parent Signature \_\_\_\_\_