

## 2025-2026 REGISTRATION PACKET

Registration dates for the 2025/2026 school year:

Tuesday, February 4, 2025; 9:15 am: registration opens for currently enrolled families & WCBC church members.

Thursday, February 6, 2025; 10:00 am: registration opens to the public.

2025/2026 school year dates:

Mondays, Tuesdays, Wednesdays, and Thursdays beginning

Wednesday, August 20, 2025 – Thursday, May 14, 2026.

(Exact start/end dates are subject to change based on the Conroe ISD 2025/26 academic calendar.)

School hours are 9:00 am-2:30 pm with no before-hours or extended care.

Holidays/closings follow Conroe ISD.

Classes are filled on a first come first serve basis and enrollment is only complete once all forms are completed including physician's statement, shot records, signed current parent handbook acknowledgement form and all fees paid. **A non-refundable registration fee is due annually upon registration, fee varies by class, see list below. Registration fees and monthly tuition payment shown below, are subject to change once budgeting is completed for the new year.**

The Academy is a program of West Conroe Baptist Church. Our program is designed to provide a safe, happy, Christian environment constructed on Biblical principles for the cognitive, physical, social, emotional, and spiritual development of preschoolers. Growth in a child's life consists of three different areas that are all important - spiritual, academic, and social. Our goal at WCA is to help the children in our program grow in all three areas:

Spiritually we want to give them a foundation of faith  
 Academically we want to help them develop a love of learning  
 Socially we want them to make a commitment to caring

We commit to pray for each and every child in our program and support them as they learn and grow to be fully devoted followers of Christ. We are here to give support to not only the children in the program, but to their families as well. Join us for another great year!

CLASS SCHEDULE	AGE (AS OF 9/1/2025)	NON REFUNDABLE REGISTRATION/ CURRICULUM FEE	FIRST TIME STUDENT PROCESSING FEE	MONTHLY TUITION
<b>2 DAY</b> (M/W or T/TH)	6 MOS-2 YRS	\$200.00	\$25.00	\$245.00
<b>3 DAY</b> (T-TH)	6 MOS-4 YRS	\$215.00	\$25.00	\$345.00
<b>4 DAY</b> (M-TH)	6 MOS-4 YRS	\$250.00	\$25.00	\$440.00
<b>KINDERGARTEN</b> (M-TH)	5 YRS	\$250.00/\$150.00	\$25.00	\$470.00

\*A 10% discount will be given on tuition for enrollment of a second child.

\*A 5% discount will be given for annual tuition paid in full by August 1, 2025.

\*All discounts apply towards monthly tuition rates only, and not towards registration/processing fees.

In HIS service,  
 Carol Nelson  
 Director WCA  
 936-521-1623  
 carol.nelson@wcbc.us

Visit our website:  
[www.wcbc.us/wcacademy](http://www.wcbc.us/wcacademy)

Find us on Facebook:  
 @WestConroeAcademy

# 2025-2026 ENROLLMENT FORM

For Office Use Only  
 \_\_\_ Date Received  
 \_\_\_ Enrollment Form  
 \_\_\_ Shot Record  
 \_\_\_ Stmt. Of Health V\_\_\_H\_\_\_  
 \_\_\_ Medical Release  
 \_\_\_ Handbook  
 \_\_\_ cash \_\_\_ck # \_\_\_ \$ \_\_\_  
 Class \_\_\_\_\_  
 Entered \_\_\_\_\_

- Please fill in all blanks or write N/A if not applicable.
- Your child is **NOT** enrolled until registration fees are paid and all paperwork is on file.
- Registration Fees are **NOT REFUNDABLE** for any reason.
- Registration Fees can be paid at registration by cash, money order, or check.
- Checks can be written to: **WCBC/WCA**
- Two weeks' notice in writing is required if you withdraw your child.
- Signed current Parent Handbook acknowledgement form is also required at registration.

Child's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_  
 (Last) (First) (Middle) (To be called in class)

Child's Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Child's Age on September 1, 2025: \_\_\_\_ years \_\_\_\_ months Gender: M / F

Mother/Father/Guardian Names: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Subdivision: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Mom Cell # \_\_\_\_\_ Dad Cell # \_\_\_\_\_

Mom Work # \_\_\_\_\_ Dad Work # \_\_\_\_\_

Mom Email Address: \_\_\_\_\_ Dad Email Address: \_\_\_\_\_

Parent's Marital Status: Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_

If divorced, who has legal custody? \_\_\_\_\_

Is non-custodial parent allowed to pick up child from school? (circle) Yes No

Are you a member of West Conroe Baptist Church? (circle) Yes No

If not, what is your church affiliation, if any? \_\_\_\_\_

Is your child a returning student: (circle) Yes No Date of Enrollment: \_\_\_\_\_

Previous schools your child has attended: \_\_\_\_\_

What days would you like your child to attend? **(NOTE: children entering a 3yr class must be fully potty-trained.)**

	<b><u>Class</u></b>	<b><u>Registration/Curriculum Fee</u></b>		<b><u>Monthly Tuition</u></b>
_____	2 Days (6mo-2yr) M/W or T/Th	\$200	(+ \$25 if NEW)	\$245
_____	3 Days (6mo-3yr) Tues – Thurs	\$215	(+ \$25 if NEW)	\$345
_____	4 Days (6mo-3yr) Mon – Thurs	\$250	(+ \$25 if NEW)	\$440
_____	3 Day Pre-K (4yr) Tues – Thurs	\$200	(+ \$25 if NEW)	\$345
_____	4 Day Pre-K (4yr) Mon – Thurs	\$250	(+ \$25 if NEW)	\$440
_____	4 Day Kinder (5yr) Mon – Thurs .	\$250/\$150	(+ \$25 if NEW)	\$470

**Parent's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## PARENT INFORMATION SHEET

Child's Name: \_\_\_\_\_  
(Last) (First) (Middle)

Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

Father's Name: \_\_\_\_\_ Employer: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Wk Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Employer: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Wk Phone: \_\_\_\_\_

PERSONS TO CONTACT WHEN YOU CANNOT BE REACHED:  
(You MUST list at least one alternate contact)

Your child will be released only to guardians or other persons designated by you and on this list. Parents or other designated persons bringing the child to class should make sure that a staff member is aware of the child's arrival and departure. Please list persons with whom you want your child to be released to other than yourself. Address, and Driver License numbers must be listed for those other than yourself to whom you want your child released to. We will use these numbers in the event your child becomes ill or injured and needs to be picked up from school and we cannot reach you. In addition, the individuals listed could serve in a carpool or other transportation arrangement. The school must be notified in advance in writing if someone not listed is to pick up your child. Individuals listed WILL be asked for identification before your child is released to them. Contacts listed should be local, willing to be summoned and able to assist in the event of an emergency. Please specify by choosing option below, pickup only or In case of emergency.

1. Name: \_\_\_\_\_ Relation to child \_\_\_\_\_  
Address: \_\_\_\_\_  
Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Driver's license #: \_\_\_\_\_  
Pickup \_\_\_\_\_ In case of an Emergency \_\_\_\_\_

2. Name: \_\_\_\_\_ Relation to child \_\_\_\_\_  
Address: \_\_\_\_\_  
Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Driver's license #: \_\_\_\_\_  
Pickup \_\_\_\_\_ In case of an Emergency \_\_\_\_\_

3. Name: \_\_\_\_\_ Relation to child \_\_\_\_\_  
Address: \_\_\_\_\_  
Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Driver's license #: \_\_\_\_\_  
Pickup \_\_\_\_\_ In case of an Emergency \_\_\_\_\_

4. Name: \_\_\_\_\_ Relation to child \_\_\_\_\_  
Address: \_\_\_\_\_  
Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Driver's license #: \_\_\_\_\_  
Pickup \_\_\_\_\_ In case of an Emergency \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Child's Name: \_\_\_\_\_  
(Last) (First) (Middle)

Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

## HEALTH CARE PROFESSIONAL'S STATEMENT

I have examined the above named child within the past year and find that he/she is free of any communicable diseases and is physically able to take part in the Academy program.

Doctor's Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

**Doctor's Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

- \* A Statement of Health is required for each child enrolled in the program.
- \* Your Health Care Professional's form may be attached or faxed.
- \* Please attach child's current immunization records to this form.
- \* If child is 4 years of age, please attach vision & hearing screening records.
- \* Physician Statements expire 12 months after date of physician's signature.
- \* A Physicians signature must be handwritten on this document by the Physician in care (a stamped signature will not be excepted).

## MEDICAL RELEASE FORM

Authorization and Release for Emergency Medical Attention

In the event of an emergency while my child, \_\_\_\_\_ is attending West Conroe Academy, I authorize the staff person(s) in charge to transport or have my child transported by ambulance to the nearest licensed hospital. I also give my consent and authorize any licensed physician on call in the emergency room to treat, order injections, anesthesia, surgery or any necessary emergency treatment required to save my child's life.

I, \_\_\_\_\_ the undersigned parent/guardian of said child, agree to assume full financial responsibility for any and all treatment for my child that is required as a result of said child's participation in the Academy program or injury while at the Academy program.

**Parent's Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

Note: If medical diagnosis and treatment and/or immunization and TB testing conflict with your religious beliefs, you must provide an affidavit to that effect and attach it to this form. If immunization and/or TB testing would be injuries to your child or family, you must obtain a certificate (signed by a physician) to that effect and attach it to this form. ([www.immunizetexas.com](http://www.immunizetexas.com))

## HEALTH INFORMATION

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

Birth date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ (Last) (First) (Middle)

Month Day Year

Health Insurance Company: \_\_\_\_\_ Phone # \_\_\_\_\_

Name of the Insured \_\_\_\_\_ Policy# \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Please fill in all blanks or write N/A if not applicable.

Please list any allergies your child may have such as food, medication, bug bites, or seasonal and the reaction.

Contagious Diseases: (circle ANY that the child has had) Measles Mumps Rubella Chicken Pox Scarlet Fever

Other \_\_\_\_\_

To my knowledge, this child is free from any communicable disease: (circle) Yes No

Has your child had any surgeries or been hospitalized? (If yes, list date and information): \_\_\_\_\_

Is your child on any on-going medications? \_\_\_\_\_

If yes, what reactions should our staff be aware of? \_\_\_\_\_

Does your child have any health conditions that would limit his/her participation in the Academy Program? (circle) Yes No

If yes, please give a brief description. \_\_\_\_\_

Other information about your child's health that might be helpful to a caregiver: \_\_\_\_\_

List any special problems that your child may have including disabilities, special needs, existing illness, previous serious illness, injuries, and any other information which a caregiver should be aware of: \_\_\_\_\_

**Parent's Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

### PERSONAL INFORMATION RELEASE FORM

**SCHOOL DIRECTORY:**

WCA may publish a school directory with your child's name, parent's name, address, e-mail address & home phone number for the personal use of the students, their parents, and WCBC. WCA will not sell or provide information to outside sources.

\_\_\_ Yes, I give my permission to have the information listed above published in the school directory.

\_\_\_ No, I DO NOT want to have the information listed above published in the school directory.

**Parent's Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**PHOTOGRAPH/VIDEO:**

From time to time, West Conroe Academy will photograph or videotape your child for use in classroom activities, parent events, church events, local publicity, social media or for inclusion in the school newsletter. This includes group photos that may be sent home with other families.

\_\_\_ Yes, I give permission for WCA program to photograph/video tape my child for the uses outlined in the paragraph above.

\_\_\_ No, I DO NOT wish to have my child photographed or videotaped while attending WCA program.

**Parent's Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

## Student Profile Sheet

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

Birth date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Last) (First) (Middle)  
Month Day Year

Please list other family members living in your home such as brothers, sisters, and grandparents:

Name	Age	Relationship	Gender
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please list any pets that your family has: \_\_\_\_\_

What are your child's likes and dislikes (food, noises, and hobbies): \_\_\_\_\_

Is your child potty trained? (circle) YES NO IN PROCESS (NOTE: children entering a 3yr class must be fully potty-trained)

Potty terms/phrases used at home: \_\_\_\_\_

Does your child stand or sit to potty? \_\_\_\_\_

Nap time details: \_\_\_\_\_

Has your child attended preschool before? \_\_\_\_\_

Does your child have any allergies? If yes, please describe: \_\_\_\_\_

Has your child ever had any developmental problems? (speech, hearing, behavioral etc.) \_\_\_\_\_

Have you ever suspected your child may need to be examined because of potential developmental concerns? \_\_\_\_\_

List any significant fears that your child has: \_\_\_\_\_

Parent Resource: If you have a special occupation, talent, hobby or interest that might be useful as a resource for your child's class or the school as a whole, and you would be willing to share your talents with us, briefly describe it here:

\_\_\_\_\_

Please tell us about your child including any specific characteristics about your child that would help us to know your child better and be able to meet his/her needs more adequately.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Parent's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_