

WESTMINSTER SCHOOL FOR YOUNG CHILDREN – 1- 5s PROGRAM
2012-2013 ADMISSIONS APPLICATION

FOR OFFICE USE ONLY - PLEASE DO NOT WRITE IN THIS BOX

CHECK NUMBER: _____ DATE RECEIVED: ____/____/____

- ACTIVE CHURCH MEMBER CURRENTLY ENROLLED SIBLING - PRESENT, PAST, NEW
 ALUM/LEGACY COMMUNITY

NAME OF CHILD:

_____ LAST FIRST MIDDLE Name your child likes to be called

DATE OF BIRTH:

_____ (MONTH/DAY/YEAR)

GENDER: MALE FEMALE

CORRESPONDENCE REGARDING APPLICATION SHOULD BE ADDRESSED TO:

(Please indicate relationship to applicant)

NAME(S) - PLEASE INDICATE MR. AND MRS., MS., DR. AND MRS., DR. AND DR., ETC.

RELATIONSHIP

STREET

BEST CONTACT NUMBER

CITY

STATE

ZIP

FATHER'S INFO:

MOTHER'S INFO:

First

Last

First

Last

Home Address (If different from above)

Home Address (If different from above)

City

State

Zip

(H) Telephone

City

State

Zip

(H) Telephone

Cell

E-mail

Cell

E-mail

Occupation & Title

Occupation & Title

Employer

Employer

Business Telephone

Business Telephone

CHILD LIVES WITH: MOTHER _____ FATHER _____ BOTH PARENTS _____

PLEASE NOTE: IT IS THE RESPONSIBILITY OF THE PARENT TO KEEP THIS INFORMATION CURRENT

PLEASE COMPLETE INFORMATION BELOW:

ACTIVE WESTMINSTER CHURCH MEMBER? (AS NOTED IN PARENT HANDBOOK P. 5) _____ YES _____ NO

DID YOU OR YOUR SPOUSE ATTEND WESTMINSTER SCHOOL FOR YOUNG CHILDREN? _____ YES _____ NO

COMMUNITY MEMBER? (NOT AN ACTIVE CHURCH MEMBER OR ALUM) _____ YES _____ NO

HAS A SIBLING PREVIOUSLY ATTENDED WSYC? _____ YES _____ NO IF YES, SIBLING NAME _____ YR. _____

WILL YOU HAVE A SIBLING(S) ENROLLED AT WSYC FOR THE SCHOOL YEAR 2012-2013? _____ YES _____ NO

IN ORDER TO HELP US WITH PLACEMENT, PLEASE LIST ANY OTHER CHILD FOR WHOM YOU ARE APPLYING AND THE GROUP AND/OR DAYS REQUESTED.

Child's Name	Age Group	Days Requested
Child's Name	Age Group	Days Requested

HAS YOUR CHILD BEEN REFERRED FOR ASSESSMENTS OR RECEIVED ANY KIND OF SPECIAL SERVICES (Learning, OT, Vision, Hearing, or Speech)? ANY IDENTIFIED SPECIAL NEEDS?

PROGRAM – Please mark the age of the child and the requested days. NOTE: This is ONLY a request.

1 YEAR OLD (BY SEPT 30TH)

- 1st Choice TUES/THUR MON/WED WED/FRI MON/FRI MON/WED/FRI
 2nd Choice TUES/THUR MON/WED WED/FRI MON/FRI MON/WED/FRI

2 YEAR OLD (BY SEPT 30TH)

- 1st Choice TUES/THUR MON/WED/FRI
 2nd Choice TUES/THUR MON/WED/FRI

Note: School will dismiss at 12:00 noon EVERY Monday. Tuition is adjusted for those who attend on Mondays.

3,4,5 YEAR OLD (BY SEPT 30TH)

- | | | |
|--------------------------------------|---------------------------------|--------------------------|
| <input type="checkbox"/> 3 YEAR OLDS | TWO MORNINGS A WEEK (T,TH) | 3 YEARS OLD BY SEPT 30th |
| <input type="checkbox"/> 3 YEAR OLDS | **THREE MORNINGS A WEEK (M,W,F) | 3 YEARS OLD BY SEPT 30th |
| <input type="checkbox"/> 4 YEAR OLDS | FOUR MORNINGS A WEEK (M,T,W,TH) | 4 YEARS OLD BY SEPT 30th |
| <input type="checkbox"/> 4 YEAR OLDS | FIVE MORNINGS A WEEK | 4 YEARS OLD BY SEPT 30th |
| <input type="checkbox"/> 5 YEAR OLDS | FIVE MORNINGS A WEEK | 5 YEARS OLD BY SEPT 30th |

**IF THE 3 DAY 3'S CLASS FILLS UP, WOULD YOU BE INTERESTED IN A 2 DAY 3'S CLASS? YES NO

+++Extended Day sign-up will be on the Enrollment Agreement which you will receive after being accepted. For more information on Extended Day, please refer to the website. www.wsycnashville.org

I HEREBY MAKE APPLICATION FOR OUR CHILD TO ATTEND WSYC. A NON-REFUNDABLE FEE OF \$55.00 IS DUE WITH APPLICATION. PLEASE MAKE CHECK PAYABLE TO "WESTMINSTER SCHOOL FOR YOUNG CHILDREN."

SIGN _____

DATE _____