

WESTMINSTER SCHOOL FOR YOUNG CHILDREN – 1- 5s PROGRAM  
2014-2015 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: \_\_\_\_\_ GENDER:  MALE  FEMALE  
(MONTH/DAY/YEAR)

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(Required)

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? (on website under programs/enrollment) \_\_\_\_\_yes \_\_\_\_\_no

Did you or your spouse attend WSYC? \_\_\_\_\_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 \_\_\_\_\_Year(s).\_\_\_\_\_

Will you have a sibling(s) enrolled at WSYC for the school year 2014-2015? \_\_\_\_\_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 30<sup>TH</sup>)**

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

**2 YEAR OLD (BY SEPT 30<sup>TH</sup>)**

- 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 30<sup>TH</sup>)**

- |                                      |                                     |                          |
|--------------------------------------|-------------------------------------|--------------------------|
| <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"/> 3 YEAR OLDS | **FIVE MORNINGS A WEEK (M,T,W,TH,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  
 \*\*IF THE 5 DAY 4'S CLASS FILLS UP, WOULD YOU BE INTERESTED IN A 4 DAY 4'S CLASS?  YES  NO

\*\*THE 5 DAY 3'S WILL BE FILLED ACCORDING TO ENROLLMENT PROCEDURES & PRIORITY AS NOTED ON PG. 7 IN PARENT HANDBOOK

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

PARENTS' SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_