

WESTMINSTER SCHOOL FOR YOUNG CHILDREN – 1- 5s PROGRAM
2016-2017 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

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

PARENT INFO:

First

Last

Home Address (If different from above)

City

State

Zip

(H) Telephone

Cell

E-mail

Occupation & Title

Employer

Business Telephone

PARENT INFO:

First

Last

Home Address (If different from above)

City

State

Zip

(H) Telephone

Cell

E-mail(Required)

Occupation & Title

Employer

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

Has a sibling attended WSYC previously? _____yes _____no

If yes, sibling name _____ Year(s). _____

Will you have a sibling(s) enrolled at WSYC for the school year 2016-2017? _____yes _____no

Please list any other child/children for whom you are applying and the group and or days requested

Child's Name	Age Group	Date of Birth	Days Requested
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Child's Name	Age Group	Date of Birth	Days Requested
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Please indicate any other Program/School in which your child will be enrolled _____

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 rank your preference of days of the week. We make every effort to fulfill your request, though class space is sometimes limited and we cannot guarantee your first choice.

1 YEAR OLD (BY SEPT 30TH)

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 Dec 31st)

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

- 2 Day (T/TH) 3 – years old by December 31, 2016
- 3 Day (M/W/F) 3 – years old by December 31, 2016*
- 5 Day (M-F) 3 – years old by December 31, 2016
- 4 Day (M-TH) 4 – years old by December 31, 2016
- 5 Day (M-F) 4 – years old by December 31, 2016**
- 5 Day (M-F) 5 – years old by December 31, 2016

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

**IF THE 5 DAY 4S FILLS UP, WOULD YOU BE INTERESTED IN A 4 DAY 4S CLASS? YES NO

PARENTS' SIGNATURE _____ DATE _____