

# WESTMINSTER SCHOOL FOR YOUNG CHILDREN 2022-2023 PRE-K REGISTRATION FORM

## Student's Information

Student's Full Name: \_\_\_\_\_  
*First Name Middle Name Last Name Preferred Name*

Student's Address: \_\_\_\_\_  
*Street/Apt City Zip*

Gender: M \_\_\_ F \_\_\_ Birthdate: \_\_\_\_\_ Age on August 31<sup>st</sup> \_\_\_\_\_ Child must be 4 by August 31<sup>st</sup> to enroll

Previous Preschool(s): \_\_\_\_\_ Language(s) Spoken at Home: \_\_\_\_\_

## Parent's Information

1 Name: \_\_\_\_\_  
*First Name Last Name*

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

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

2 Name: \_\_\_\_\_  
*First Name Last Name*

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

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

## Family Information

Siblings (Names/Birthdays): \_\_\_\_\_

Nanny/Babysitter: \_\_\_\_\_ Phone#: \_\_\_\_\_  
*First Name Last Name*

## Emergency Contact Information (to be used only if parent(s) cannot be reached)

First Contact: \_\_\_\_\_ Phone#: \_\_\_\_\_  
*First Name Last Name*

Second Contact: \_\_\_\_\_ Phone#: \_\_\_\_\_  
*First Name Last Name*

We grant permission for our child to be transported in an emergency. If emergency medical care becomes necessary, Westminster will make every effort to reach you or your child's physician. However, if Westminster is unable to reach either party, you grant permission for your child to be taken to the nearest doctor or hospital.

Pediatrician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## Social Media

I give permission for photos of my child to be used for classroom use: Yes \_\_\_ No \_\_\_

I give permission for photos of my child to be used for WSYC social media sites: Yes \_\_\_ No \_\_\_

**Special Needs/Medical Information-**Up To Date Immunization Records are required prior to starting school  
 Please list any medical conditions or special needs, diagnosed or other. *(Use separate sheet if necessary, please be thorough):*

Condition	Description
Speech/Auditory	
Motor Skills/Movement	
Allergies	
Learning Differences	
Behavioral Conditions/Developmental Delays	
Seizures	
Other Medical Conditions we should be aware of	

Do any of the above conditions require special accommodations: No \_\_\_\_\_ Yes \_\_\_\_\_ If so please elaborate:  
 \_\_\_\_\_  
 \_\_\_\_\_

**Class Registration and Non-Refundable Fees**

Registration/Supply/Facility Fees and Advance May 2023 Tuition\* are due at the time of registration and are **NON-REFUNDABLE**.

\*If disenrolling from WSYC before May 2023, please see the Parent Handbook regarding the advanced funds.

An Activity Fee will be charged at the beginning of the 2022-2023 school year and will be included in the September 2022 invoice.

Class Choice**	Class	Registration/Supply/ Facility Fee	Advance May 2023 Tuition	Total Due at this Time
	Five Day Pre-K (Mon-Fri) 9-1pm	\$200	\$495	\$695

\*\*Class offerings based on availability and student enrollment.

By signing this form, I agree that all information is correct and to adhere to the required non-refundable fees due at registration.

\_\_\_\_\_  
 Signature of Parent or Guardian \_\_\_\_\_  
 Date

Office Use Only - Date & Time of Registration: \_\_\_\_\_  
 Registration Fee Paid: \_\_\_\_\_ May Tuition Paid: \_\_\_\_\_ Parent Agreement: \_\_\_\_\_ Waiver: \_\_\_\_\_ Registration Addendum: \_\_\_\_\_