

WESTMINSTER SCHOOL FOR YOUNG CHILDREN 2024-2025 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: _____ Birthdate: _____ Age on August 31st _____ Child must be 4 by August 31st, 2024

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): _____

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

First Contact: _____ Phone: _____
First Name Last Name Relationship: _____

Second Contact: _____ Phone: _____
First Name Last Name Relationship: _____

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: _____

Dentist: _____ Phone: _____

Insurance Provider: _____ ID # _____

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 Health Exam including Immunization Records are required prior to starting school in September.

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	
Developmental Delays	
Behavioral Concerns	
Seizures	
Allergies	
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/Facility Fees and Advance May 2025 Tuition* are due at the time of registration and are **NON-REFUNDABLE**.

*If starting the school year yet disenrolling from WSYC before May 2025, please see the Parent Handbook regarding the advanced funds.

An Activity/Supply Fee of \$200 will be charged at the beginning of the 2024-2025 school year and will be included in the September 2024 invoice.

Class Choice	Class	Registration/ Facility Fee (due in January 2024)	Advance May 2025 Tuition (due in February 2024)	Non-Refundable Total
	Five Day Pre-K (Mon-Fri) 9-1pm	\$200	\$525	\$725

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: _____ Check #: _____ Parent Agreement: _____ Registration Addendum: _____