

# WESTMINSTER SCHOOL FOR YOUNG CHILDREN 2024-2025 THREE-YEAR-OLD 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 31<sup>st</sup> \_\_\_\_\_ Child must be 3 by August 31<sup>st</sup>, 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/Birthday): \_\_\_\_\_

## 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 \$150 for the Three Day class, \$175 for the Five Day class and \$200 for the Five Day from 9am-1pm class will be charged at the beginning of the 2024-2025 school year and will be included in the September 2024 invoice.

To apply for a spot for the 2024-2025 school year, please rank your class choices (1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>)

Class Choice***	Class	Registration/ Facility Fee (due in January 2024)	Advance May 2025 Tuition (due in February 2024)	Non- Refundable Total
	Three Day 3's (Mon/Wed/Fri)	\$200	\$305	\$505
	Five Day 3's (Mon-Fri)	\$200	\$415	\$615
	**Five Day 3's (Mon-Fri) 9-1pm	\$200	\$525	\$725

**\*\*To be eligible to register for the 9am-1pm 3's class, your child must be 3 years old by March 31<sup>st</sup>, 2024.**

**\*\*\*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: \_\_\_\_\_ Check #: \_\_\_\_\_ Parent Agreement: \_\_\_\_\_ Registration Addendum: \_\_\_\_\_