

WESTMINSTER SCHOOL FOR YOUNG CHILDREN

2025-2026 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 (in years) on August 31st, 2025 _____

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/School): _____

Local 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: _____

Medical Information

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: _____

Hospital Preference: _____

Insurance Provider: _____ ID # _____

Dentist: _____ Phone: _____

Each child attending WSYC must have completed all **immunizations** for their age as required by the State of North Carolina. A Medical Form (including immunizations), signed by the parents/guardians and the child's physician, is required before a child enters our program.

Social Media

WSYC desires the respect of all children to NOT post pictures of any child on any social media site without the child/children's parental consent and requires all parents, guardians, or other family or friends to comply.

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 Conditions

List any medical conditions, allergies, dietary preferences, or other needs (diagnosed or not), (*any medications to be given at school for a condition or allergy needs to be accompanied by a form*): _____

If it has been recommended that your child be evaluated for any delays or therapies (speech, occupational, physical, etc.), please specify (*use separate sheet if necessary*): _____

Any changes in the special conditions above should be communicated to the Director ASAP.

Class Registration and Non-Refundable Fees

Registration/Facility Fees and Advance May 2026 Tuition are due at the time of registration and are **NON-REFUNDABLE** to secure a spot for the 2025-2026 school year. If starting the school year yet disenrolling from WSYC before May 2026, please see the Parent Handbook regarding the advanced funds.

Class Choice*	Class	Registration/ Facility Fee (due in January 2025)	Advance May 2026 Tuition (due in February 2025)	2025-2026 Activity/Supply Fee (due in September 2025)
	Five Day Pre-K (Mon-Fri) 9-1pm	\$200	\$525	\$200

***Multiple classes may be offered.**

We are pleased you have chosen WSYC's program for your child and look forward to having your family with us for the upcoming 2025-2026 school year.

With my signature, I affirm that all information is complete and correct and adhere to the required **non-refundable** payments due at registration. I also acknowledge, appreciate, and agree to comply with all WSYC's policies and protocols located here or in the Parent Handbook.

Signature of Parent or Guardian

Date

Office Use Only - Date & Time of Registration: _____

Registration Fee Paid: _____ May Tuition Paid: _____ Registration Addendum: _____