WESTMINSTER
SCHOOL FOR
YOUNG CHILDREN
EST. 1969
3639 Old Chapel Hill Road
Durham, NC 27702
919.489.8432

2026-2027 Future Enrollment Form

Child's Name _____

Gender _____ Date of Birth _____ Age of Child on Aug 31st, 2026 _____

Parent's Name _____ Phone Number _____

Email _____

Parent's Name _____ Phone Number _____

Email _____

Address _____ Zip Code _____

Sibling(s) names and ages _____

Westminster Presbyterian Church Member? Yes ☐ No ☐

School Year you wish to attend _____ Number of Days Desired _____

Is your child in a program? _____ If so, where? _____

List any special needs of which you are aware: speech/auditory problems/prone to ear infections/learning obstacles/seizures that might require special attention/allergies. (Use the back of the form if necessary) _____

_____

_____

_____

Westminster School for Young Children considers the enrollment of children with special needs to the extent compatible with our overall social and academic goals and on a case by case basis. We do not provide special services within our school since those services are provided privately or through the public school system. If you are aware of any special needs or special concerns for your child, it is our policy that you inform us at the time you submit this form.

By submitting this form, I understand that my child will continue to be on the school's list for future enrollment.

Signature _____ Date _____