



EST. 1969

3639 Old Chapel Hill Road

Durham, NC 27702

919.489.8432

Future Enrollment Form

Child's Full Name _____

Gender _____ Date of Birth _____ Preferred Name _____

Family's Address _____ Zip Code _____

Parent's Name _____ Phone Number _____

Email _____

Parent's Occupation and Employer _____

Parent's Name _____ Phone Number _____

Email _____

Parent's Occupation and Employer _____

Sibling(s) names and ages _____

Westminster Presbyterian Church Member? Yes ☐ No ☐

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

(children must be 18 months by August 31st of that school year)

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

List any allergies or 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. 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.

Parent's Signature _____ Date _____