

**Westminster School for Young Children
Future Enrollment Form**

Phone: 919 489 8432

Mail to:

**Westminster School for Young Children
3639 Old Chapel Hill Road Durham, N. C. 27707**

Child's Name _____ Male _____ Female _____

Address _____ Zip Code _____

Contact Phone # _____ Email _____

Sibling(s) previously enrolled: Name _____

Westminster Presbyterian Church Member Yes _____ No _____

Present Age of Child _____ Birthdate: Month _____ Day _____ Year _____

Year you wish child to attend _____ # days desired _____

Is Child in program _____ If so, Where _____

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

Father's Name _____ Cell # _____

Mother's Name _____ Cell # _____

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.

Date _____ Signature _____