WEST U METHODIST SCHOOL RE-ENROLLMENT APPLICATION FORM 2024-2025

The Application Fee of \$150.00 will be drafted from your Tuition Express account on February 16, 2024.

I understand that the Application Fee of \$150.00 is NON REFUNDABLE. Placements are subject to change according to enrollment numbers and at the Director's discretion. Signature of parent (This signature is agreement to the above statements regarding payment and placement) **Choose program by birthday & desired schedule**. Students are placed in programs by their age as of 08-31-2024. 2 year old program (by 08-31-24): $\{\} T/TH \qquad \{\} MWF \qquad \{\} M - F \qquad (all days 9am - 2pm)$ [] 3 year old program (by 08-31-24): { } MWF { } M - F (all days 9am - 2pm) PRE-KINDERGARTEN (4 years by 08-31-24): { } M - F (all days 9am – 2pm) Child's name _____ Date of Birth_____ month month/day/year Mother's name _____ Father's name _____ Mother's address/phone number Father's address/phone numbers (if different) Home address _____ street/apt # street/apt # city/state/zip code city/state/zip code Preferred phone _____Type____ Preferred phone _____Type____ Other phone ______Type_____ Other phone _____Type____ Email address Email address Name(s) of Parent's Church Sibling(s) applying _____ Age: Affiliation ______ FOR SCHOOL OFFICE USE ONLY: APPLICATION V LIST Current days enrolled: Date returned: _____ Entered into Procare by:

West U Methodist School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin.

Parent signature: