WEST U METHODIST SCHOOL
***NEW SIBLING* 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.
- Signature of parent_____
- Placements are subject to change according to enrollment numbers and at the Director's discretion.
- **Choose program by birthday & desired schedule**. Students are placed in programs by their age as of 08-31-2024.

[ ] 1 year old program (by 08-31-24):
{ } T/TH { } MWF { } M - F (all days 9am - 2pm)

[ ] 2 year old program (by 08-31-24):
{ } T/TH { } MWF { } M – F (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_____
[ ] boy or [ ] girl 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 _____

Parent's Church Affiliation _____ Name(s) of Sibling(s) applying_____Age:_____

How did you hear about our school? _____

FOR SCHOOL OFFICE USE ONLY: APPLICATION ✔ LIST	
☐ Date postmarked: _____	☐ Parent signature: _____
☐ Check received/check #: _____	☐ 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.

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