WEST U METHODIST SCHOOL NEW STUDENT APPLICATION FORM 2024-2025

The Application Fee of \$ 150.00 (checks only) <u>must be included</u> with this form. I understand that the Application Fee of \$150.00 is NON REFUNDABLE. Signature of parent (Application **Not Accepted** without \$ 150.00 Check & Parent's Signature) 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): (all days 9am - 2pm) [] 2 year old program (by 08-31-24): { } 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): (all days 9am - 2pm) Child's name _____ [] boy or [] girl _____ Date of Birth_____ month/day/year Parent's name _____ Parent's name _____ Parent's address/phone number *Parent'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 Name(s) of Sibling(s) applying Age: Affiliation _____ How did you hear about our school?

APPLICATION LIST

Date postmarked: Parent signature: Entered into Procare by:

FOR SCHOOL OFFICE USE ONLY: