



KINDERGARTEN

APPLICATION FOR ADMISSION
WHITE MEMORIAL WEEKDAY SCHOOL
1704 OBERLIN ROAD
RALEIGH, NC 27608

White Memorial Weekday School is a place where diversity is valued.

CHILD'S FULL NAME: _____ NAME USED: _____
Last First Middle

*DATE OF BIRTH: _____ SEX: _____
Month Day Year

HOME ADDRESS: _____ ZIP: _____

PARENT 1: NAME: _____ OCCUPATION: _____

PLACE OF EMPLOYMENT: _____ EMAIL: _____

PHONE NUMBERS: HOME: _____ CELL: _____ WORK: _____

PARENT 2: NAME: _____ OCCUPATION: _____

PLACE OF EMPLOYMENT: _____ EMAIL: _____

PHONE NUMBERS: HOME: _____ CELL: _____ WORK: _____

Check all that apply:

Present Student _____ Sibling of Present or Former Student _____ Child of Former Student _____

Member of White Memorial Presbyterian Church _____ Other _____

APPLICATION FOR: KINDERGARTEN CLASS (Monday through Friday, 9:00-12:50, \$395.00) _____

Tuition for students enrolled in the Kindergarten classes will be paid in accordance with the following schedule:

A one month non-refundable advance tuition payment will be due by May 15th. Additional monthly payments will be due on the first day of each month beginning in September and continuing through April.

DATE: _____ PARENT'S SIGNATURE: _____

REGISTRATION FEE EQUAL TO ONE MONTH'S TUITION MUST ACCOMPANY APPLICATION (\$600 maximum per family)

THE REGISTRATION FEE IS **NON-REFUNDABLE**

*Your child must be 5 years old on or before August 31, 2019.

SCHOLARSHIP FUND: *The Weekday School is very proud to be able to offer scholarship assistance for families going through difficult situations. We conduct fundraisers each year to maintain this fund but are also blessed by the generosity of our more fortunate participants. We would greatly appreciate any amount you can give. **Please include amount in a separate check.***

CHILD'S NAME: _____

PERSONAL INFORMATION:

Is this child currently enrolled in White Memorial Weekday School? _____

What class: _____ Teacher's Name: _____

Child's previous school experience other than White Memorial:

Where: _____ When: _____

Other children in the family: Brothers _____ Ages _____

Sisters _____ Ages _____

Adults living in the home: _____
Parent 1 Parent 2 Other

Bathroom habits: _____

Sleep habits: _____

Eating habits: _____

Allergies (please be specific): _____

Other health concerns: _____

Medications needed at school: _____

Medications taken at home on a regular basis: _____

Fears: _____

Describe your child's strengths: _____

Additional remarks/concerns: _____

Please use reverse side if there is further information you feel will aid the teacher in understanding your child. Note if there are special concerns, special circumstances in the home, etc.

ACCESSIBLE PERSON TO CALL IN EMERGENCIES IF PARENTS CANNOT BE REACHED (*local contacts please!*):

NAME: _____ TELEPHONE: _____

NAME: _____ TELEPHONE: _____

PHYSICIAN'S NAME: _____ TELEPHONE: _____