



SCHOOL FOR  
YOUNG CHILDREN

EST. 1969

3639 Old Chapel Hill Road  
Durham, NC 27702  
919.489.8432

**2025-2026 Future Enrollment Form**

Child's Name \_\_\_\_\_

Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age of Child on Aug 31<sup>st</sup>, 2025 \_\_\_\_\_

Parent's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Email \_\_\_\_\_

Parent's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Sibling(s) names and ages \_\_\_\_\_

Westminster Presbyterian Church Member? Yes \_\_\_\_\_ No \_\_\_\_\_

School Year you wish to attend \_\_\_\_\_ Number of Days Desired \_\_\_\_\_

Is your child in a program? \_\_\_\_\_ If so, where? \_\_\_\_\_

List any special needs of which you are aware: speech/auditory problems/prone to ear infections/learning obstacles/seizures that might require special attention/allergies. (Use the back of the form if necessary) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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.

Signature \_\_\_\_\_ Date \_\_\_\_\_