



5801 SAN FELIPE · HOUSTON, TX 77057
(713) 782-1344

APPLICATION FOR ADMISSION
2020-2021 SCHOOL YEAR

STUDENT INFORMATION

First Name Middle Name Last Name Preferred Name

Street Address City State Zip

Date of Birth Male Female

Is English your child's first language? Yes No If no, what language? _____

RELATIONSHIP TO WESTMINSTER WEEKDAY SCHOOLS - (PLEASE CHECK ALL THAT APPLY)

Current Student- class _____ Sibling of Current Student
 New Applicant WUMC Active Church Member WWDS Sibling Legacy

EDUCATIONAL INFORMATION

Applicant's Present School _____ Years Attended _____

Previous School _____ Years Attended _____

Has the applicant been dismissed from any school for any reason? Yes No If yes, please explain: _____

SIBLINGS

Name _____ Age _____ Grade _____ School _____

Name _____ Age _____ Grade _____ School _____

Name _____ Age _____ Grade _____ School _____

PARENTS

Parents are: Married Divorced* Separated Widowed Other _____

* Please provide a copy of the current Court Order or Decree relating to the custody/conservatorship of this student.

Child Lives With: Mother & Father Mother only Father only Joint Custody Other _____

PARENT INFORMATION

FATHER

Mr. Dr. _____
First Name Middle Name Last Name Preferred Name

Street Address City State Zip Home Phone

Cell Phone Email Address

Place of Employment Occupation

Work Address City State Zip Work Phone

Religion Church

MOTHER

Mrs. Ms. Dr. _____
First Name Middle Name Last Name Preferred Name

Street Address City State Zip Home Phone

Cell Phone Email Address

Place of Employment Occupation

Work Address City State Zip Work Phone

Religion Church

To whom should admission correspondence be sent? Mother Father Other _____

Person responsible for school-related decisions, including payment of monthly tuition:

First Name Middle Name Last Name Relationship

A student may have his/her enrollment terminated by the School at any time, if it is in the best interest of the student, as determined by the Director, to be placed in another learning environment. This may include determination of different learning needs better met elsewhere, behaviors incompatible with success at school, an attendance record of excessive tardiness and/or absences, non-compliance of school policies, or non-payment of tuition. Westminster Weekday Schools also reserves the right to discontinue enrollment or not re-enroll a student if the school concludes that the actions of the parents seriously interfere with Westminster Weekday Schools' accomplishments of its educational purposes.

Signature _____ Date _____

OPTIONAL INFORMATION

HEALTH INFORMATION

***PLEASE NOTE* - Prior to enrollment, all students must be UP TO DATE with immunizations in accordance with the Texas Minimum State Vaccine Requirements for Child-Care Facilities. Westminster Weekday Schools will not permit exceptions.**

Are there any disabilities, surgeries or accidents of which we should be aware? Yes No

If yes, please explain: _____

Has the applicant been tested for: Speech and/or Hearing Therapy Visual Examinations

Neurological Evaluations Psychological/Educational Assessment Gifted Program

Name of doctor or professional with whom the student is presently working: _____

Does the applicant have any special needs? Yes No If yes, please explain: _____

Please share with us any additional information you would like us to know about your child: _____

OTHER INFORMATION

Has your child previously applied to Westminster Weekday Schools? Yes No

How did you hear about Westminster Weekday Schools? _____

APPLICATION SCHEDULE

January 22 – January 31, 2020 - Priority Registration for returning students, siblings, WUMC members and sibling legacies

January 31, 2020 by 2:00 p.m. – Applications due for Open Registration Lottery for new students

NON-DISCRIMINATION POLICY

Westminster Weekday Schools does not discriminate on the basis of religion, color, national or ethnic origin in the administration of its educational policies or admission policies. Our school welcomes diversity.

PROGRAM APPLICATION FORM

Applicant's Name _____ Date of Birth _____

Please choose a program below based on your child's date of birth and your preference of days.

**** (If your child fits into more than one class by their date of birth, please label your choices with 1st, 2nd, etc.) ****

CDO PROGRAM - (Child's Day Out) – 9 month infants – 3 year old toddlers

A limited number of 4 days/week spaces may be available. If you are interested in 4 days/week, please check both boxes.

- | | | |
|--------------------|-----------------------|---|
| TEDDY BEARS | (DOB 7/19 – 11/30/19) | <input type="checkbox"/> 2 DAY (T/TH) 9:00AM - 2:30PM |
| | | <input type="checkbox"/> 2 DAY (W/F) 9:00AM - 2:30PM |
| TURTLES | (DOB 1/19 – 6/30/19) | <input type="checkbox"/> 2 DAY (T/TH) 9:00AM – 2:30PM |
| | | <input type="checkbox"/> 2 DAY (W/F) 9:00AM – 2:30PM |
| ANGELS | (DOB 7/18 – 12/31/18) | <input type="checkbox"/> 2 DAY (T/TH) 9:00AM – 2:30PM |
| | | <input type="checkbox"/> 2 DAY (W/F) 9:00AM – 2:30PM |
| BUNNIES | (DOB 3/18 – 8/31/18) | <input type="checkbox"/> 2 DAY (T/TH) 9:00AM – 2:30PM |
| | | <input type="checkbox"/> 2 DAY (W/F) 9:00AM – 2:30PM |
| PONIES | (DOB 1/18 – 6/30/18) | <input type="checkbox"/> 2 DAY (T/TH) 9:00AM – 2:30PM |
| | | <input type="checkbox"/> 2 DAY (W/F) 9:00AM – 2:30PM |

DAY SCHOOL PROGRAM – 3 year olds – Pre-K

A limited number of 5 days/week spaces may be available for Orange Fish and Red Ladybugs.

If you are interested in 5 days/week, please check both boxes.

- | | | |
|------------------------------|--|--|
| ORANGE FISH | (DOB 6/17 – 12/31/17) | <input type="checkbox"/> 3 DAY (M/T/TH) M - 9:00AM – 12:00PM
T/TH - 9:00AM – 2:30PM |
| | | <input type="checkbox"/> 3 DAY (M/W/F) M - 9:00AM – 12:00PM
W/F - 9:00AM – 2:30PM |
| RED LADYBUGS | (DOB 1/17 – 8/31/17) | <input type="checkbox"/> 3 DAY (M/T/TH) M – 9:00AM – 12:00PM
T/TH – 9:00AM – 2:30PM |
| | | <input type="checkbox"/> 3 DAY (M/W/F) M – 9:00AM – 12:00PM
W/F – 9:00AM – 2:30PM |
| BEAGLES & GATORS | (DOB 9/16 – 12/31/16)
(CLASSES ASSIGNED IN THE SUMMER.) | <input type="checkbox"/> 5 DAY (M-F) M/TH 9:00AM – 12:00PM
T/W/F – 9:00AM – 2:30PM |
| | | <input type="checkbox"/> 5 DAY (M-F) M – 9:00AM – 12:00PM
T - F – 9:00AM – 2:30PM |
| RED & WHITE STARS | (DOB 9/15 – 8/31/16)
(CLASSES ASSIGNED IN THE SUMMER.) | <input type="checkbox"/> 5 DAY (M-F) M – 9:00AM – 12:00PM
T - F – 9:00AM – 2:30PM |
| | | <input type="checkbox"/> 5 DAY (M-F) M – 9:00AM – 12:00PM
T - F – 9:00AM – 2:30PM |

In submitting this application for admission, I understand that all fees must be attached and are NON-REFUNDABLE.

Signature of Parent/Guardian

Date

For Office Use Only:

Date App Received: _____

Class Placement: _____

Waiting List: _____

App Fee: _____

Reg/Sup Fee: _____

Tuition: _____

Procure: _____

Check #: _____

Check Date: _____

Check Amt: _____

Posted: _____