



**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, \$375.00) \_\_\_\_\_

***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 15<sup>th</sup>. 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, 2018.

**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: \_\_\_\_\_