2019-2020 OFFICE USE	NUMBER:	DATE:

CHECK	NUMBER:	
CILCIX	INCINIDEIX.	



## THREE YEAR OLDS

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: Year
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 (includes present MMO) _  Child of Former Student Mem	_	ot or Former Student sbyterian Church Other
		wise noted, if you are placed on a waiting list for your first ou will remain on the waiting list for your first choice.)
3 DAY CLASS (Mo	onday, Wednesday, Friday	, 9:00-12:50, \$320.00)
4 DAY CLASS (Mo	onday through Thursday, 9	:00-12:50, \$360.00)
5 DAY CLASS (Mo	onday through Friday, 9:00	-12:50, \$380.00)
Tuition for students enrolled in the three	year old classes will be	paid in accordance with the following schedule:
A one month <u>non-refundable</u> advance tu due on the first day of each month begin	ition payment will be due ning in September and c	e by May 15 <sup>th</sup> . Additional monthly payments will be 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** 

<u>SCHOLARSHIP FUND</u>: 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.** 

<sup>\*</sup>Your child must be 3 years old on or before August 31, 2019.

CHILD'S NAME:		· · · · · · · · · · · · · · · · · · ·			
PERSONAL INFORMATION					
Is this child currently enrolled	d in White Memorial We	ekday School or MMO?			
What class:		Teacher's Name:	Teacher's Name:		
Child's previous school expe	rience other than White	e Memorial:	emorial:		
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	ol:				
Medications taken at home of	on a regular basis:				
Fears:					
Describe your child's strengt	hs:				
Additional remarks/concerns	:				
		urther information you feel v pecial concerns, special cir			
ACCESSIBLE PERSON TO	CALL IN EMERGENCI	ES IF PARENTS CANNOT	BE REACHED (local con	ntacts please!):	
NAME:			TELEPHONE:		
NAME:			TELEPHONE:		
PHYSICIAN'S NAME:			TELEPHONE:		