

2020-2021 APPLICATION FORM



Please specify the program you are applying for:

Pre-School I 2 1/2 to 3 yrs. old	Pre-School II 3 to 4 yrs. old	Jr. Kindergarten 4 to 5 yrs. old	After School Program
Full-Day: _____	Full-Day: _____	Full-Day: _____	Until 5:00 pm: ____
1/2-Day: _____	1/2-Day: _____	1/2-Day: _____	Until 6:00 pm: ____
3 Days per week: __	3 Days per week: __	3 Days per week: __	Days per week: ____
5 Days per week: __	5 Days per week: __	5 Days per week: __	

Student Information

Student Name: _____
 (last) (first) (middle initial) (preferred name)

Home Address: _____
 (street) (city) (state) (zip)

Student's Date of Birth: _____ Home Phone: _____

Pre-School Information

Present Pre-School: _____

Dates Attended: _____ Phone: _____

Family Information

Father's Name: _____ Mother's Name: _____

Address (if different than student): _____ Address (if different than student): _____

Cell Phone: _____ Cell Phone: _____

Work Phone: _____ Work Phone: _____

E-Mail: _____ E-Mail: _____

Employer: _____ Employer: _____

Occupation/Position: _____ Occupation/Position: _____

Family Information (continued)

Brother(s) and sister(s) of the Student:

Name: _____ DOB: _____ School Attending (if any): _____

Name: _____ DOB: _____ School Attending (if any): _____

Name: _____ DOB: _____ School Attending (if any): _____

Paternal Grandparents:

Maternal Grandparents:

Names: _____

Names: _____

Address: _____

Address: _____

Please check here if you think the grandparents would be interested in participating in Whitehouse Prep's Intergenerational Program?: _____

General Information

How did you learn about Whitehouse Prep.?: _____

Will your child need before care?: _____ Will your child need after care?: _____ If so, what is the expected time range?: _____

If you or any member of your family has any special talents that you would be willing to share with our students (for instance gardening, painting, an interesting hobby and the like, please explain:

Does your child require any type of accommodation based on his or her health or physical condition? _____ If so, please explain:

Parent Signatures

I/We affirm that the information provided in this application is true and accurate to the best of my/our knowledge and I also grant you permission to screen my child.

Signature of Parent/Guardian

Signature of Parent/Guardian

_____ Dated: _____

_____ Dated: _____

A registration fee of \$125 is required at the time the application is submitted. Kindly make check payable to Whitehouse Preparatory School. The completed application and fee should be delivered to the school either in person or by mail. The \$125 fee is non-refundable.

Nondiscrimination Policy: Whitehouse Preparatory School admits students of any race, color, creed, national and ethnic origin, gender or physical disability to all the rights, privileges, programs and activities generally accorded or made available to students at the School to the extent required by law. The School does not discriminate on the basis of race, creed, gender, color, sexual orientation, physical disability, or national or ethnic origin in the administration of its educational, admissions and financial aid policies and programs.