Office Use Only		Age	Code (Office)
Date: Check #: Amount: \$ Memo:	Westlake Hills Presbyterian Program Pr		1
Today's Date:			
Child's Name:	DOB:		Gender:
Parent/Guardian's Na	ame:Parent/Guardia	an's Name	:
Home Address:	City & Stat	te:	Zip:
Primary Phone #:	Secondary	Phone #: _	
Primary E-Mail:			
Parent/Guardian's Pla	ace of Business:		_ Phone:
Parent/Guardian's Place of Business:			Phone:
Member of Westlake Hills Presbyterian Church? (Please circle):		Yes	No
Has this child ever been enrolled here? (Please circle):		Yes	No
Names and ages of otl	her children enrolled at WHPP		
Names and ages of otl	her children applying to WHPP		
How did you hear al	bout WHPP? (Please circle) WHP Church *	Realtor *	Website *
Friend * Other:	Referred by:		
	terian Preschool is a preschool that emphasize om activities. Children must be seventeen mor in the program.		
application fee. The w school year or filling n grouping of children b	n our wait list after completion of an application vait list is divided into age group categories. Would nid-year vacancies, the primary goal of the prespy gender and age range. Priority of placement nildren currently enrolled, staff members, chur	hen estab school is t is given to	lishing classes for the nex he heterogeneous o children currently
gender balance, teach the wait list does not a opening is offered. De occurs after the start	sed on the application date, taking into consider's teaching style, sibling class placement and guarantee placement in a class. The child will clining the offered class will drop your child from the school year, admission will not be automine if the child's needs will be met appropriately	d special coremain on the waith the waith the waith the waith the waith the waith the water was a special to the water was a spec	ircumstances. A place on a the list until a class at list. If an opening Director and classroom
Westlake Hills Presbyte	erian Preschool does not discriminate on the basis of or national origin in its enrollment or employme		

Please return this form with a non-refundable fee of \$50.00 per child. Make checks payable to WHPP.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_