

Please fill out below
Date of Application _____
Enrolling for Fall/Summer
Tuesday _____ Wednesday _____ Thursday _____
Half-day _____ Full Day _____

Office Only
Class Assignment _____
Date _____
Enrollment Fee Paid _____
Check/Cash Receipt _____

Will Rogers Preschool Enrollment

Full Name _____ Goes by _____
Address _____ City _____ Zip _____
Birthday _____ / _____ / _____ Age _____ Gender M / F Home Phone _____
Mother's Name _____ Cell Phone _____
Mother's Email _____
Mother's Employer _____ Hours _____
Father's Name _____ Cell Phone _____
Father's Email _____
Father's Employer _____ Hours _____
Parents: • Married • Separated • Divorced (Custody/Visiting Arrangements) _____

Names and ages of brothers and sisters _____

Who will bring the child to preschool? _____
Who will pick the child up from preschool? _____
Others authorized to bring to/from preschool? _____
Does the child have specific problems or limitations? _____

-----In Case of Emergency -----

(If parents cannot be reached, please call)

Please list some one who is usually available when you are out.

Name _____	Phone _____	Relationship _____
Name _____	Phone _____	Relationship _____
Child's Physician _____	Phone _____	
Child's Dentist _____	Phone _____	

Is your child under daily medication for allergy, hyperactivity, diabetes, etc.? _____

Are there any food or drink allergies? _____
Has your child had any serious accidents or operations? If so, please describe. _____

Will Rogers Preschool ♦ 1138 South Yale ♦ Tulsa, Ok. ♦ 74112 ♦ (918) 584-8661

Emergency Care Authorization -----

Both parents must sign at the bottom of this form. A witness signature is also necessary.

DOCTOR PREFERENCE: _____ HOSPITAL PREFERENCE: _____

MEDICATION ALLERGIES: _____

Please attach a copy of your child's immunization record.

-----AUTHORIZATION FOR EMERGENCY CARE TO A MINOR-----

I/We, the undersigned, parent(s) or legal guardian of the minor listed below:

Birth Date: _____

(Minor's Name)

Do hereby authorize any X-ray examination, anesthetic, dental, medical, or surgical diagnosis or treatment by any physician or dentist licensed by the State of Oklahoma and hospital service that may be rendered to said minor under the general, specific, or special consent of:

Will Rogers Preschool Staff Member

The temporary custodian of the minor whether such diagnosis or treatment is rendered at the office of the physician or dentist licensed by the State of Oklahoma. I/We authorize the physician or dentist to call in any necessary consultants, at his/her discretion.

It is understood that this consent is given in advance of any specific diagnosis or treatment being required but is given to encourage those persons who have temporary custody of the minor and said physician or dentist to exercise his/her best judgement as to the requirements of such diagnosis of medical, dental, or surgical treatment. I/We authorize Will Rogers to transport the above-named minor to any medical facility and/or call my/our family physician.

This consent shall remain effective until 6:00 p.m. on the 31st day of August 2026, unless sooner revoked in writing, delivered to the Will Rogers Preschool Director.

Date: _____

Witness: (other than Church staff member)

Father: _____

Mother: _____

Legal Guardian: _____

Field Trip Permission _____

I give my permission for my child, _____
(Child's full name)

to attend field trips of the Will Rogers Church from **May 31, 2025, through August 31, 2026.**
This consent shall remain effective until 6:00 p.m. on the 31st day of August 2026, unless sooner revoked in writing, delivered to the Will Rogers Preschool Director.

Parent's Signature: _____ Date: _____