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