

WILLAMETTE KIDS Child Development Center



www.WILLAMETTE.KIDS | 2500 W 18TH AVENUE, EUGENE, OR 97402 | 541.686.8651

STUDENT APPLICATION	ON	Today's Date	
Student's Last Name	First Name	Middle Name	Nickname
/ /			
Date of Birth	Birthplace	Current Age: (years and months)	
Home Phone	Cell Phone #1	Cell Phone #2	
			Gender: □ Male □ Female
Home Address	City/State		
United States Citizen? \square Yes	☐ No Ethnicity: ☐Anglo	□Asian □Bi-Racial □Hispan	ic □Native American □Other
Is English the student's first la	nguage? □Yes □No If not	c, what is the first language? _	
How did you hear about Willa	mette Kid's CDC?		
Please list names of immediat	e family members who are or hav	e attended WKCDC:	
I authorize my student's name	e, address & phone number to be	listed in the student directory.	□Yes □No Initial:
FAMILY INFORMATION			
Family's Faith Denomination:		_ Church Attended:	
Marital Status: □Married □D	ivorced* □Remarried □Widow	ed □Separated* □Single	
*If divorced or separated, ple	ase attach proof of Guardianship) .	
The student applying lives wit	h: □Father/Guardian	☐Mother/Guardian	□Both
Who has legal custody of this	child? □Father/Guardian	☐Mother/Guardian	□Both
If parents are divorced or sepa	arated, to whom should correspon	ndence be sent?	
□Father/Guardian □Mother	- -/Guardian □Both □Other (spe	cify):	
	for this child?		
Father/Guardian:		Mother/Guardian:	
Name:		Name:	
Address (if different):		Address (if different):	
Employer:			
Job Title:		Job Title:	
Email:		Email:	
Date of Birth: / /		Date of Birth: /	<u></u>
Work phone:			

programs, and activities generally accorded or made available to students of the school. We welcome students of all races and nationalities who

willfully submit to the Statement of Faith.



permission is granted. Initial:

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STUDENT ACADEMIC I	HISTORY			
Please list the last school your s	tudent has attended: (name, cit	ty, state)		
Has your student had any acade naving to repeat any grades or a	_	briefly explain. If appli	cable, include any information about	
Has there been an IEP written for Attach a copy of the IEP)	or your student or any testing o	r formal academic or b	ehavioral evaluation done?	
Has your child had any disciplinary difficulty in school?		□Yes □No	If so, briefly explain.	
Has the student ever been susp	ended or expelled from school?	P □Yes □No	If so, briefly explain.	
		· ·	'K will contact parents first followed by No. Work Phone No.	
1.	Relationship	nome or cell Phone i	NO. WORK PHONE NO.	
2.				
3.				
4.				
People authorized only to pick (up children (in addition to those	e listed above):		
1.				
2.				
With this application I am encl	osing the applicable enrollment	t fees which are all nor	nrefundable.	
aront/Guardian Signaturo		Data		
arent/Guardian Signature:arent/Guardian Signature:		Date: Date:	Date:	
ly child may be taken on field trip	s or excursions by bus or private me	otor vehicle, as well as on	neighborhood walking excursions under	
	ansportation arrangements section			
Ay child may participate in swimm	ing or other water activities under	required supervision (OCC	C requires approved lifeguard). ☐Yes ☐No	
			contract service professional. Your KCDC and its constituents. Initial if <u>n</u>	