

2026–2027 Enrollment Student Information



Westminster Cooperative Preschool

2000 Oakwood Drive Medford, OR 97504 (541) 773-8274

Please complete and return with \$150 non-refundable registration fee payable to Westminster Presbyterian Church

Child's Name _____ Male / Female
First Middle Last

Preferred Name at School _____ Birthdate _____ Age as of September 1, 2026 _____
Month / Day / Year

Home Address _____ City _____ State _____ Zip _____
Home Phone _____ Preferred contact email _____
To help us better understand your child's living circumstances, does your child live with:
Both parents in same household _____ Shared Custody (note schedule) _____
Other _____
Please list other children in the home (names and birthdates)

Parent's Information

Mother's name _____
First Last

Father's name _____
First Last

Home Address & Phone (if different from student)

Home Address & Phone (if different from student)

Email _____

Email _____

Cell Phone _____

Cell Phone _____

Occupation _____

Occupation _____

Work Phone _____

Work Phone _____

Office Use
Date _____ Registration fee _____ Check/Cash _____ Class _____
[] New enrollee [] Returning family [] Background Registry information

A Little More about Your Child

What does your child enjoy doing? (interests, favorite games, toys) _____

Has he/she had group play experiences? _____

What else would you like us to know about your child? (Special challenges, fears?) _____

Where will your child attend kindergarten? _____

Do you have a faith community/church home? Yes _____ No _____

If yes, please name _____

How did you learn about Westminster Cooperative Preschool? Website _____ Facebook _____

Friend referral (list who) _____ Other _____

Does the child have any:

Food sensitivities? Yes _____ No _____ If yes, please list _____

Diagnosed allergies? Yes _____ No _____ If yes, Please list _____

_____ EPIPEN: Yes _____ No _____

Do you have any health or developmental concerns for your child? Yes _____ No _____ If yes, please explain

Medical Release

I authorize the staff of Westminster Cooperative preschool to obtain emergency medical assistance for _____ if the child's injuries appear to require immediate attention and a parent or guardian cannot be reasonably located.

Date _____

Parent/Guardian Signature

Background Checks

All adult volunteers are required to enroll in the Central Background Registry of the Oregon Department of Early Learning and Care. Apply online at www.oregon.gov/delc/providers/pages/cbr.aspx

Details you will need for your application:

Westminster Cooperative Preschool
2000 Oakwood Drive
Medford, OR 97504
Phone: 541-773-8274
License Number: PS601670