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 www.riverfield.org  
 admissions@riverfield.org

**OFFICE USE ONLY:**

Waiting List Fee \$\_\_\_\_\_ Date \_\_\_\_\_ Ck # \_\_\_\_\_  
 Sibling at RCDS? Y N Accepted \_\_\_\_\_ Enrolled \_\_\_\_\_  
 Classroom \_\_\_\_\_ Starting Date: \_\_\_\_\_

**Waiting List Application**

Are you interested in Summer enrollment (Infants must be 9 months old by May 1<sup>st</sup>) Yes No

Are you interested in Fall enrollment (Infants must be born by September 1<sup>st</sup> to enroll and may not begin until 8 weeks of age) Yes No

Student Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Gender: M F

Student Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ With whom does child reside? \_\_\_\_\_

Name and age/grade of other child(ren) currently attending Riverfield \_\_\_\_\_

Name and age/grade of other child(ren) currently on Waiting List at Riverfield \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Parent/Guardian \_\_\_\_\_

Relationship to Student \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Home Address \_\_\_\_\_ Home Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

Occupation \_\_\_\_\_ Occupation \_\_\_\_\_

Employer \_\_\_\_\_ Employer \_\_\_\_\_

Business Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

**Select days requesting (Infants-5s):**

- \_\_\_\_\_ Two days per week (Monday-Tuesday)
- \_\_\_\_\_ Three days per week (Wednesday-Friday)
- \_\_\_\_\_ Five days per week (Monday-Friday)
- \_\_\_\_\_ Special Request\*: \_\_\_\_\_

**Select length of day:**

- \_\_\_\_\_ 8:30-3:05 (Infants through 5<sup>th</sup> Grade)
- \_\_\_\_\_ 8:30-4:30 (6<sup>th</sup> - 12<sup>th</sup> Grades)
- \_\_\_\_\_ 7:00-5:30
- \_\_\_\_\_ 7:00-6:00
- \_\_\_\_\_ Special Request\*: \_\_\_\_\_

*\*Special requests will be considered by Riverfield only after registration is completed.*

**Non-refundable Initial Registration Fee of \$50 per child must be attached to this form to be placed on the Waiting List. The balance of the Registration Fee (\$100) must be paid at the time of acceptance. You will be contacted when enrollment is available.**

\_\_\_\_\_  
 Parent/Guardian Signature

\_\_\_\_\_  
 Date

*Riverfield is a non-profit, independent school with no religious affiliation admitting applicants of any race, color, religion, national or ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, financial aid and loan programs, and athletic and other school-administered programs.*