

Date Received: _____

Time Received: _____



APPLICATION CHECKLIST

To process applications for WELA the following information is needed for each child:

- ☐ CDIB/Membership
- ☐ If Osage Household, Osage Membership number and name
- ☐ Copy of Birth Certificate
- ☐ Copy of Social Security Card
- ☐ Child's Immunization Record

You may contact your local center for more information:

Fairfax WELA Center Manager Megan Cox: 918-287-5242

Hominy WELA Center Manager Victoria Looney: 918-287-5658

Pawhuska WELA Center Manager: Tiffany Martin 918-287-5495

Skiatook WELA Center Manager Alicia Sanchez: 918-287-5303

ENROLLMENT INFORMATION

Application Date: _____ Center Location _____

FAMILY INFORMATION

Student Name: _____ Nickname: _____

Date of Birth: _____ Child's sex: _____

Home Address: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone _____ Cell phone _____ Work phone _____

Email Address _____ Opt for group Text Msgs: Y N

Mother's Name _____ DOB _____

Father's Name _____ DOB _____

Guardian Name-You have legal custody of child with appropriate forms:

Ethnic Code (Circle all that apply)

N=Native American W=White B=Black H=Hispanic A=Asian

Tribe _____ CDIB/Membership Card: _____

Health Information-Allergies

Medication _____ Insects _____

Foods: Need Doctor Statement _____

Disabilities

Name of diagnosed disability _____



2025-2026 WELA Application

WELA Serving Children From Six Weeks to Four years

After School Program Serving Pre-K to Twelve Years

Skiatook WELA and Wrap Around Program (918) 287-5303

Hominy WELA and Wrap Around Program (918) 287-5658

Pawhuska WELA and Wrap Around Program (918) 287-5495

Fairfax WELA and Wrap Around Program (918) 287-5242

**Providing Excellence in Education While
Revitalizing Osage Culture and Language**