

Rivermont Preschool
Rivermont Evangelical Presbyterian Church
2023-2024 Registration Form

First Name	Middle Name	Last Name	Birthdate	Child's Age 0
Mother's Name	Father's Name		Child Resides With	
Child's Address		City	State	Zip 0
Home Phone	Siblings Names			Siblings Ages
Email:				
Previous Schools Attended (Name, City, State)				

Mother's Work	Mother's Work Number	Ext	Mother's Cell Phone
Father's Work	Father's Work Number	Ext	Father's Cell Phone

State requires us to have 2 emergency contacts on file other than parent/guardian in case parent/guardian can not be reached

#1 Emergency Name	#1 Emergency Number	#1 Emergency Cell Number	#1 Emergency Work Number	Ext
#2 Emergency Name	#2 Emergency Number	#2 Emergency Cell Number	#2 Emergency Work Number	Ext
Doctor's Name		Doctor's Phone Number		

Are there any physical/social/emotional conditions we should be aware of, including allergies and their symptoms? (teachers sometimes have food tastings in class)

Any information about your child's likes, dislikes, fears, etc. we should know to assist us in working with your child.

Signature	Date
-----------	------

Besides myself, the following persons have my permission to pick up my child

For Office Use Only				
Class	Tuition Cost	Registration Date	<input type="checkbox"/> Immunization For <input type="checkbox"/> Contract <input type="checkbox"/> Reg Fee Paid <input type="checkbox"/> Photograph/Video <input type="checkbox"/> Email Information <input type="checkbox"/> Not in Directory <input type="checkbox"/> Permissions	<input type="checkbox"/> Registration Form <input type="checkbox"/> Tuition Paid <input type="checkbox"/> Field Trips/Walks <input type="checkbox"/> Toddler I Strolling <input type="checkbox"/> Signature <input type="checkbox"/> Recv'd Copy of Contract
Proof Of Identity		Withdrawal Date:	Withdrawal Reason	
Notes:		Reason for Not Returning:		