Rivermont Preschool Rivermont Evangelical Presbyterian Church 2023-2024 Registration Form

First Name	Middle Name	Last Na	me		Birthdate	Child's Age
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Mother's Name	Father's	Name		Child Resides V	Vith	5
Child's Address			City		State	Zip
			The state of the s			0
Home Phone	Sibling	s Names			S	iblings Ages
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Email:					ACCUSED MARKET THE STREET	E STATE TO THE STATE OF THE STA
Previous Schools Attende	ed (Name, City, State)					
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Mother's Work			Mathaut	10/ 1 N /		
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Father's Work				ZWOZE.		
		and the second s	Father's	Work Number E	xt Father	's Cell Phone
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NAMES.						TON
#2 Emergency Name	#2 Emerg	gency Number	#2 Emergency	Cell Number #2 E	mergency Work	Number Ext
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Doctor's Name		Docto	or's Phone Numb	er		
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Are there any physical/soc	cial/emotional conditions	we should be a	awaro of includin			
sometimes have food tast	ings in class)	we should be a	iware or, includin	g allergies and their	symptoms? (tea	chers
				A Secretary of the Control of the Co		and the second s
Any information information	on about your child's like	s, dislikes, fears	s, etc. we should	know to assist us in	working with you	ır child.
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Signature					٦	
					Date	And the state of t
Besides myself, the follow	ing persons have my pe	ermission to pick	up my child			
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Class		ate	ontract eg Fee Paid	Registration Fo	orm Withdrav	val Reason
Proof Of Ida	Character (*)			Tuition Paid		A STATE OF THE STA
Proof Of Identity	And the Windows of the Control of th		notograph/Video	Field Trips/Wa	lks Reasonfor	NotReturning:
Notes: .			nail Information	Toddler I Stroll	ing	
		Part 19	ot in Directory	Signature	* 24-Demonstrates	
102		Pe	ermissions	Recv'd Copy o	f Contract	