

Rivermont Preschool
Rivermont Evangelical Presbyterian Church
2018-2019 Registration Form

First Name	Middle Name	Last Name	Birthdate	Child's Age 0
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Mother's Name	Father's Name	Child Resides With
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Child's Address	City	State	Zip 0
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Home Phone	Siblings Names	Siblings Ages
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Email: _____

Previous Schools Attended (Name, City, State)

Mother's Work	Mother's Work Number	Ext	Mother's Cell Phone
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Father's Work	Father's Work Number	Ext	Father's Cell Phone
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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
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#2 Emergency Name	#2 Emergency Number	#2 Emergency Cell Number	#2 Emergency Work Number	Ext
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Doctor's Name	Doctor's Phone Number
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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 information about your child's likes, dislikes, fears, etc. we should know to assist us in working with your child.

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

For Office Use Only		<input type="checkbox"/> Immunization Information Complete	WithdrawDate: _____
Class	Tuition Cost	<input type="checkbox"/> Contract Received	<input type="checkbox"/> RegistrationForm
		<input type="checkbox"/> RegistrationFeePaid	<input type="checkbox"/> TuitionPaid
		<input type="checkbox"/> Photograph/Video	<input type="checkbox"/> FieldTrip/Walks
		<input type="checkbox"/> Email Information	<input type="checkbox"/> Toddler I Strolling
		<input type="checkbox"/> Not in Directory	<input type="checkbox"/> Signature
		<input type="checkbox"/> Permissions	<input type="checkbox"/> Recv'd Copy of Contract
Registration Date: _____		Withdrawal Reason: _____	
Proof Of Identity: _____		ReasonforNotReturning: _____	
Notes: _____			