



River Road Church Preschool Development Center 2018-2019 Preschool Application

Child's Name _____ Date of Birth _____
Address _____ Age _____ Sex _____

City State Zip Nick Name _____

Parent/Guardian _____ Parent/Guardian _____
Cell Phone _____ Cell Phone _____
Home Phone: _____ Home Phone: _____
Work Phone: _____ Work Phone: _____
Employer: _____ Employer: _____
Email: _____ Email: _____

Person(s) with legal custody: _____

Has your child been enrolled in a preschool program before? Yes No

Does your child have a sibling who has attended this school? Yes No

Are you a member of River Road Church, Baptist? Yes No

How did you hear about River Road Preschool? _____

Important Medical and Developmental Information _____

Please indicate your first and second class choices for the coming year

Pre-Toddler and 2 Year Old (Developmental) Programs:

Pre-Toddler (Enrichment) _____ Please state what days you would like

2 Year Old T/TH _____ M/W/F _____ M-F _____

Preschool Programs:

M/W/F 3 Year Old _____ M-TH 3 Year Old _____ M-F 3 Year Old _____

M-TH Pre-K (4 yr) _____ M-F Pre-K (4 yr) _____

Jr. Kindergarten (5 by Sept. 31st) M-F _____

Parent Signature _____ Date _____

\$30 Application Fee Received _____



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