



# 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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