

Preschool Application School Year ______

Child's Name			Date of Birth			
Address			Age Sex		Sex	
			Nick Name			
Parent/ Guardian			Parent/Guardian			
Cell Phone			Cell Phone			
Home Phone			Home Phone			
Employer			Employer			
Email			Email			
Person(s) with legal custody _						
Has your child been enrolled	in a preso	chool before? Yes	No V	Where? _		
Does your child have a sibling	g who has	attended this scho	ool? Yes	_ No	0	
Are you a member of River Road Church, Baptist?			Yes No			
How did you hear about Rive	r Road Pr	eschool?				
Please indicate your 1 st , 2 nd a	nd 3 rd cho	oice for the reques	ted school year.			
Pre-Toddler & Toddler Class divisions will be determined based on ages and numbers enrolled.	☐ Tuesday/Thursday		☐ Mon/Wed/Fri		☐ Monday-Friday	
2 Year Old	☐ Tue	sday/Thursday	☐ Mon/Wed/Fri		☐ Monday-Friday	
Preschool Programs						
3 Year Old	ear Old		i 🗆 Mon		day-Friday	
Pre-Kindergarten (4 Years Old) ☐ Monday-Frid			ay			
Junior Kindergarten (5 by 9,	/30 of sch	nool year applying f	for) 🗆 Monday-F	riday (9a	am-2pm)	
River Road Preschool admits stud	-	race, color, national a	_	_	fferences to all of the programs	
Parent Signature			Date			
	· 435 1	To be filled out by the Ass	sistant Director/Director:	1		
One Time Application Fee – 24/25- \$75 25/26- \$100		Check #:		Date Re	Date Received:	
Document submitted to RRP: Birth certificate, Passport, Other		Place of Birth:		Date of Bi	rth:	
Birth Certificate #:	Issue Date:		Other Document:		Date Document Viewed:	
Date law enforcement was notified if required identification not provided:			Assistant Director/Director	or Signature:		