



Preschool Application

School Year _____ / _____

Child's Name _____

Date of Birth (or due date) _____

Address _____

Age _____ 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 preschool before? Yes _____ No _____ Where? _____

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? _____

RRP requires all parents to submit documentary proof of full state-mandated vaccinations prior to enrollment at RRP. RRP will consider requests for exemption from this vaccination policy based on medical conditions only. The School does not consider requests for exemption from this vaccination policy based on sincerely held religious beliefs, ethical or moral positions, or political philosophies. (Initial) _____

Please indicate your 1st, 2nd and 3rd choice for the requested school year.

Toddler	<input type="checkbox"/> Tuesday/Thursday	<input type="checkbox"/> Mon/Wed/Fri	<input type="checkbox"/> Monday-Friday
2 Year Old	<input type="checkbox"/> Tuesday/Thursday	<input type="checkbox"/> Monday-Friday	
Preschool Programs			
3 Year Old	<input type="checkbox"/> Mon/Wed/Fri		<input type="checkbox"/> Monday-Friday
Pre-Kindergarten (4 Years Old)	<input type="checkbox"/> Monday-Friday		
Junior Kindergarten (5 by 9/30 of school year applying for) <input type="checkbox"/> Monday-Friday (9am-2pm)			

River Road Preschool admits students of any race, color, national and ethnic origin to all of the programs and activities which are available to students at the school.

Parent Signature _____ Date _____

To be filled out by the Assistant Director/Director:			
One Time Application Fee – \$100		Check #:	Date Received:
Tour Date:			
Document submitted to RRP: Birth certificate, Passport, Other		Place of Birth:	Date of Birth:
Birth Certificate #:	Issue Date:	Other Document:	Date Document Viewed:
Date Law enforcement was notified if required identification not provided:		Assistant Director/Director Signature	