



## Preschool Application

School Year \_\_\_\_\_ / \_\_\_\_\_

Date of Birth (or due date) \_\_\_\_\_

Age \_\_\_\_\_ Sex \_\_\_\_\_

Nick Name \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Cell Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Employer \_\_\_\_\_

Email \_\_\_\_\_

Child's Name \_\_\_\_\_

Address \_\_\_\_\_

Parent/ Guardian \_\_\_\_\_

Cell Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Employer \_\_\_\_\_

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 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> 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	
<b>Preschool Programs</b>			
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	