

# Riverside Preschool Registration Form

## 2019 – 2020 School Year

### Child's Information

Name – Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Sex \_\_\_\_\_ Birthdate \_\_\_\_\_

Name(s) I wish to have my child called \_\_\_\_\_

Parent with Legal Custody: Mother Father Both Other \_\_\_\_\_

Brothers/Sisters Names and Ages \_\_\_\_\_

Has your child attended preschool previously? \_\_\_\_\_

Is your child currently on an IEP/IFSP? Yes No

Is your child potty trained? Yes No

### FATHER

Name: \_\_\_\_\_ Employer: \_\_\_\_\_

Address (If different from child): \_\_\_\_\_

City: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Working hours: \_\_\_\_\_

Email address: \_\_\_\_\_

### MOTHER

Name: \_\_\_\_\_ Employer: \_\_\_\_\_

Address (If different from child): \_\_\_\_\_

City: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Working hours: \_\_\_\_\_

Email address: \_\_\_\_\_

Office Use Only: Date: \_\_\_\_\_ Received By: \_\_\_\_\_ Class: \_\_\_\_\_