THE RIDGE STREET COUNTRY SCHOOL, INC.

PHOTO

REGISTRATION INFORMATION

Please Check One: ❑ A.M. ❑ P.M.

1. Child's Name _____ Sex_____ 2. Date of Birth_____
3. Address _____
   No. STREET CITY ZIP
4. Telephone No._____ 5. E-mail Address _____
6a. Mother's Cell No._____ 6b. Father's Cell No. _____
7. Mother's Name_____ 8. Mother's Occupation _____
9. Place of Business _____
   Business address_____Telephone No. _____
10. Father's Name_____ 11. Father's Occupation_____
12. Place of Business _____
    Business address_____ Telephone No._____
12a. Local Emergency Contact _____
    NAME AND PHONE NUMBER
13. Siblings – Name(s) and Date of Birth _____ _____
    _____ _____
14. Family Physician_____ Telephone No._____
15. List of allergies or physical restrictions _____
15a. Does your child have or require an Epi-pen ❑ Yes ❑ No If yes, please explain _____
16. Past Experience in Pre-school or Day Camp _____
17. Specify school child will attend next Fall _____
17a. What public school district do you live in now? _____
18. Brief description of child with note of Special Needs and Interests _____
    _____
    _____
19. What do you want the group experience to do for your child? _____
    _____
    _____
20. Between what 2 cross streets is your address located? _____
21. If possible, do you want your child in the same group as a particular friend? _____