# THE RIDGE STREET COUNTRY SCHOOL, INC.

PHOTO

## SUMMER REGISTRATION

Date_____

**PLEASE CHECK ONE:** ❑ A.M. Session ❑ 9-2 Session

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 _____
13. Siblings – Name(s) and Date of Birth _____ _____
    NAME AND PHONE NUMBER
    _____ _____
14. Family Physician_____ Telephone No._____
15. List any 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? _____
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. Do you want us to provide transportation for your child? ❑ YES ❑ NO
21. Between what 2 cross streets is your address located? _____
    _____
22. If possible, do you want your child in the same group as a particular friend? _____