



River Rock Preschool Application Form

School Year 2021-2022

Please mark 1st & 2nd Choice or specific set of days. Monday/Wednesday___ Tuesday/Thursday___ Either___

Childs First Name: _____ Last Name: _____

Name child goes by: _____ Gender: Male ___ Female ___

Date of Birth (Mo/Day/Yr) ___/___/___ Is your child potty trained? _____

Age on 8/15/21 _____ Entering Kindergarten in fall 2022___

We accept children 1 year old and walking through prekindergarten.

Parent/Guardian #1

Parent/Guardian #2

Name: _____

Name: _____

Email: _____

Email: _____

Address: _____

Address: _____

City: _____ Zip Code _____

City: _____ Zip Code: _____

Home #: _____

Home #: _____

Cell #: _____

Cell #: _____

Work # _____

Work #: _____

For ensure safety of your child, list other individuals to whom your child may be released:

Name: _____

Name: _____

Phone: _____

Phone: _____

List any individual to whom your child MAY NOT be released:

Name: _____

Name: _____

Do you hold a membership at a local church? _____

Would you like to receive information on River Rock Baptist Church? _____

Signature of Parent/Guardian _____ Date _____

\$100.00 REGISTRATION FEE (NON-REFUNDABLE) is due at time of registration. PAID ON: _____