

Riverside Preschool Registration Form

20____ – 20____ School Year

Return form for fall registration to the RPS office.

***Copies of the child's birth certificate and current immunizations are due with registration.**

If you need to get your child's birth certificate you can apply online on the Department of Health and Human Services website, dhhs.ne.gov or contact the school and we can get you a paper form.

CHILD'S INFORMATION

Name – Last: _____ First: _____ Middle: _____

Street Address: _____ City: _____ Zip: _____

Mailing Address (if different than street address): _____

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? Yes No

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

Is your child potty trained? Yes No

Riverside has a copy of Birth Certificate Yes No

Riverside has a copy of immunizations 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: _____
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