



ENRICHMENT
APPLICATION FOR REGISTRATION

Date _____

Child's Name Birthdate

Child's Nickname

Home Address City Zip Phone

Father's Name Occupation

___ I am a member of Riverside Presbyterian Church

Mother's Name Occupation

___ I am a member of Riverside Presbyterian Church

E-mail address _____

___ **Tuesday** ___ **Wednesday** ___ **Thursday**

A fifteen dollar (\$15) registration fee and a deposit equal to the monthly tuition (\$74 for one day, \$148 for two days, \$220 for three days) are required at the time of registration. The deposit pays for May's tuition. These fees are not refundable and do not apply towards the first month's tuition.

Please make checks payable to: Riverside Presbyterian Church Preschool (RPCP)
116 Barrypoint Rd., Riverside, IL 60546 (708) 447-1520