

APPLICATION FOR REGISTRATION

			Date
Child's Name			Birthdate
Child's Nickname			
Home Address	City	Zip	Phone
Father's Name		cupation	_
I am a memb	per of Riverside Pr	resbyterian Church	
Mother's Name	Occupation		
I am a memb	oer of Riverside Pr	resbyterian Church	
E-mail address			
the time of registration. The not apply towards the first	ne \$225 deposit p month's tuition.	ays for May's tuition. The registration fee i	enty dollar (\$225) deposit are required a These fees are <u>not refundable</u> and do ncludes a Preschool t-shirt to be worn on am (TAP). Please indicate size needed
Small	M	edium	Large

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