

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 _____

An eighty-five dollar (\$85) registration fee and a two hundred twenty dollar (\$220) deposit are required at the time of registration. The \$220 deposit pays for May's tuition. These fees are not refundable and do not apply towards the first month's tuition. The registration fee includes a Preschool t-shirt to be worn on school field trips or a contribution to our Tuition Assistance Program (TAP). Please indicate size needed for your child.

_____ Small

_____ Medium

_____ Large

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