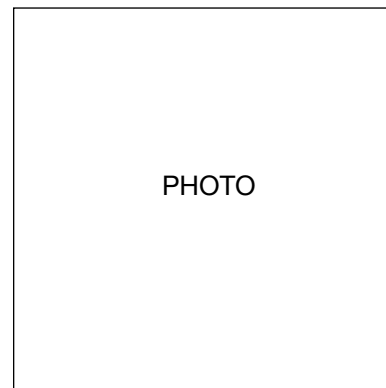


THE RIDGE STREET COUNTRY SCHOOL, INC.



SCHOOL REGISTRATION INFORMATION

1. Child's Name _____ Sex _____ 2. Date of Birth _____
3. Address _____
No. STREET CITY ZIP
4. Telephone No. _____ 5. E-mail Address _____
- 6a. Mother's Cell No. _____ 6b. Father's Cell No. _____
7. Mother's Name _____ 8. Mother's Occupation _____
9. Place of Business _____ Telephone No. _____
10. Father's Name _____ 11. Father's Occupation _____
12. Place of Business _____ Telephone No. _____
13. Local Emergency Contact _____
NAME AND PHONE NUMBER
14. Siblings – Name(s) and Date of Birth _____

15. Family Physician _____ Telephone No. _____
16. List of allergies _____
- 16a. Does your child have or require an Epi-pen Yes No If yes, please explain _____

17. Does your child have any special needs or physical restrictions? _____

18. Past Experience in Pre-school or Day Camp _____
19. Specify school child will attend next Fall _____
- 19a. What public school district do you live in now? _____
20. Brief description of child and his/her interests _____

21. What do you want the group experience to do for your child? _____

22. If possible, do you want your child in the same group as a particular friend? _____