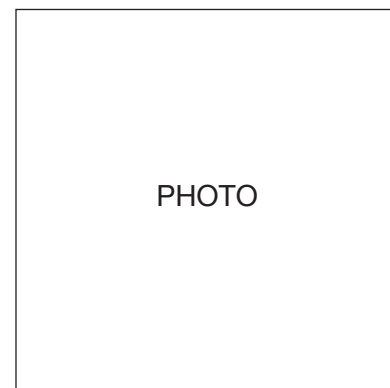


THE RIDGE STREET COUNTRY SCHOOL, INC.



SUMMER REGISTRATION

Date _____

PLEASE CHECK ONE: A.M. Session 9-1 3s 9-2 Session Guppies

1. Child's Name _____ Sex _____ 2. Date of Birth _____

3. Address _____

4. Telephone No. _____ No. STREET 5. E-mail Address _____ CITY ZIP

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. _____

12a. Local Emergency Contact _____
NAME AND PHONE NUMBER

13. Siblings – Name(s) and Date of Birth _____

14. Family Physician _____ Telephone No. _____

15. List any allergies _____

15a. Does your child have or require an Epi-pen Yes No If Yes, please explain _____

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

17. Past Experience in Pre-school or Day Camp _____

18. Specify school child will attend next Fall _____

18a. What public school district do you live in? _____

19. Brief description of child and his/her Interests _____

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

21. Do you want us to provide transportation for your child? YES NO

22. Between what 2 cross streets is your address located? _____

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