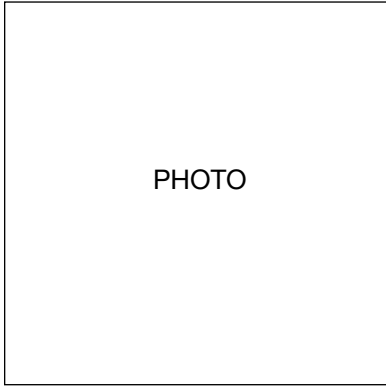


# THE RIDGE STREET COUNTRY SCHOOL, INC.



## SCHOOL REGISTRATION INFORMATION

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. \_\_\_\_\_
13. Local Emergency Contact \_\_\_\_\_
14. Siblings – Name(s) and Date of Birth \_\_\_\_\_ NAME AND PHONE NUMBER \_\_\_\_\_  
\_\_\_\_\_
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? \_\_\_\_\_
23. REFER-A-FRIEND Program – Who, if anyone, referred you? \_\_\_\_\_