



APPLICATION FOR REGISTRATION

Date _____

Child's Name _____ Program _____

Child's Nickname _____ Birthdate _____

Street Address _____ City _____ Zip Code _____

Adult(s) in the Home

Name Relationship

Phone E-mail

Name Relationship

Phone E-mail

Program A = 5 day; 8:30 - 11:00 for \$450 per month

Program B = 5 day; 8:30 - 1:00 for \$750 per month

Program C = Kindergarten Extension; 5 day 11:15 - 1:00 for \$400 per month

An \$85 registration fee and a \$325 deposit are required at the time of registration. The deposit is credited toward May's tuition. These fees are not refundable. The registration fee pays for a Preschool t-shirt to be worn on school field trips and a contribution to our Tuition Assistance Program (TAP). Please indicate the size needed for your child. ___Small ___Medium ___Large

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