River City Believers Academy
Preschool Admissions Form

(Please circle child's age and desired progrm)

Age	**Program**
3 year old class (must be 3 by Sept 1)	Mon - Fri **Full** Day 7:00-2:30
or	or
4 year olds class (must be 4 by Sept 1)	Mon - Fri **Half** Day 7:00-12:00

Child's Name _____Birthdate_____Sex_____

Child lives with: __Mother and Father __Mother __Father __Other

Mother's Name_____Driver's License_____

Home Address_____

City_____State_____Zip Code_____

Home Phone_____Cell Number_____Email_____

Father's Name_____Driver's License_____

Address (If different from above) Home

_____

City_____State_____Zip Code_____

Home Phone_____Cell Number_____Email_____

Church Attending_____

How did you find out about our program?_____

_____

_____

List at least one local person who will be available to assume responsibility for your child in an emergency if parents cannot be reached.

Name_____Relationship to child_____

Address_____

City_____State_____Zip Code_____

Work Phone_____Home Phone_____Cell Phone_____

Release of Child

I authorize that my child,_____, be released by River City Early Childhood Program to the following persons, in addition to those already listed on this form.

Name_____Relationship to child_____
Address_____
City_____State_____Zip Code_____
Work Phone_____Home Phone_____Cell Phone_____

Name_____Relationship to child_____
Address_____
City_____State_____Zip Code_____
Work Phone_____Home Phone_____Cell Phone_____

Emergency Medical Care

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize River City staff members to take my child to an emergency room, or to the following physician or his/her associates, for medical care.

Dr_____
Hospital_____
Address_____ Phone_____
City_____State_____Zip Code_____
Special Instructions_____
_____

I give consent for any and all treatment deemed necessary by the attending physician.
(Attach a copy of your insurance card)

_____
Signature of Parent

Child Photo Consent

____ I agree **____ I decline**

_____ _____
Parent Signature Date