

Roseville Community Preschool

50 Corporation
Yard Road

Roseville, CA 95678

(916)786-9536

Application for Enrollment
for the 2015-2016 school year

Child's Full Name: _____ Nickname: _____

Date of Birth: _____ Age: _____ Sex: _____

Street Address: _____ Phone: _____

City: _____ Zip Code: _____

Main Contact E-mail (for sending correspondence or reminders): _____

note: We do not share your email address or personal information with any individual or group outside of RCP.

Parent: _____ Occupation: _____

Home Address: _____ Mobile Phone: _____

Business Address: _____ Work Phone: _____

Parent: _____ Occupation: _____

Home Address: _____ Mobile Phone: _____

Business Address: _____ Work Phone: _____

Does your child have any special needs? _____

Chronic medical conditions? _____

Allergies? _____

List other children in the family (names and birthdates): _____

Are you returning RCP Alumni? _____

How did you hear about RCP? _____

OFFICE USE ONLY: Date Received: _____ Registration Fee: _____ Date Withdrawn: _____

