

Riverview Nursery, Inc.

Application for Membership

Date: _____

Child's Name: _____

Address: _____

Primary Phone: _____ Alternate Number: _____

E-Mail

Address: _____

Circle One: 3 Year Class (3 by September 1st) – M/F 9:00am – 12:00pm

 4 Year Class (4 by September 1st) – T/W/Th 9:00am – 2:00pm

Child's Gender: M F Child's Birth Date: _____

Parent's Name: _____

Parent's Name: _____

Siblings: (Please list child's siblings and their ages)

Child's Previous Nursery Experience:

How did you learn about Riverview Nursery:

- 1. I understand that this is a co-op Preschool and there are more requirements (parent participation) than just paying tuition.**
- 2. I understand that any student/parent will be asked to leave the Preschool if they are not meeting these requirements.**

Parent Signature

Date

Please mail your application and non-refundable registration fee
(\$50.00 Riverview Resident / \$65.00 Non-Riverview resident):

Riverview Nursery, Inc
P.O. Box 2146
Riverview, MI 48193
(734) 284-1966

Note: This will reserve your child's place in our 2024-2025 preschool class. You will then receive a complete Membership Admissions packet. Riverview Nursery, Inc. reserves the right to change fees and/or tuition at any time. Riverview Nursery, Inc. does not discriminate on the basis of race, color, national and ethnic origin in the administration of its educational admissions policies and other school administered programs.