



Rye Council For Childcare, Inc.

Rye Presbyterian Church • Rye, New York 10580 • 967-6334

## Registration Form 2019-2020

Child's Full Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age in September \_\_\_\_\_ Gender \_\_\_\_\_

Are you currently enrolled? \_\_\_\_\_ Have you been enrolled in the past? \_\_\_\_\_

**Please use a \* to indicate which phone number and e-mail should be used in the School Directory.**

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Phone \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Occupation/Business Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Occupation/Business Phone: \_\_\_\_\_

Indicate if parents are: Married \_\_\_\_\_ Divorced \_\_\_\_\_ Single \_\_\_\_\_ Other \_\_\_\_\_

Siblings Name and Ages: \_\_\_\_\_

**Please describe any medical needs, allergies, or special education services that your child receives.**  
This will not influence admissions, but it is important for class placement.

\_\_\_\_\_  
\_\_\_\_\_

**Please Check desired days below:**

**1<sup>st</sup> Choice**

**2<sup>nd</sup> Choice**

2 Day - Tues/Thurs: \_\_\_\_\_

2 Day - Tues/Thurs: \_\_\_\_\_

3 Day - Mon/Wed/Fri: \_\_\_\_\_

3 Day - Mon/Wed/Fri: \_\_\_\_\_

Other: M\_\_T\_\_W\_\_Th\_\_F\_\_

Other: M\_\_T\_\_W\_\_Th\_\_F\_\_

**This form cannot be processed without a \$300.00 registration fee for deposit.**  
**The registration fee is non-refundable.**

\*\*\*\*\*

For office use below

Registered/Confirmed Days: \_\_\_\_\_

Rye Playschool • 882 Boston Post Road, Rye, NY 10580 • (914) 967-6334 email: [info@ryeplayschool.com](mailto:info@ryeplayschool.com)