

# Stepping Stones

SCHOOL AT RIVER LIFE

## Admission Application

Child's Last Name: \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Home address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Name Child Goes by: \_\_\_\_\_ Circle: M / F Date of Birth: \_\_\_\_\_

**Mother/Guardian:** \_\_\_\_\_

Employer \_\_\_\_\_

Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Email address \_\_\_\_\_

**Father/Guardian:** \_\_\_\_\_

Employer \_\_\_\_\_

Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Email address \_\_\_\_\_

Child lives with \_\_\_\_\_ Custody arrangements? \_\_\_ Yes \_\_\_ No

River Life Covenant Church Member? \_\_\_ Yes \_\_\_ No

### PREFERRED DAYS OF ATTENDANCE (please circle):

M T W Th F

Half Day / Full Day

### ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY AND PICK UP

Please list parents and three additional contacts. Your child will not be allowed to leave with any other adult without prior written authorization from parent. Please remind contacts to bring a picture I.D. at pick up.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone Number(s) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

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