

Rhode Island College Cooperative Preschool Application

Today's Date _____ Registration for Fall or Spring 20 _____

Child's Name _____

Parent's Name _____

Parent's Email _____

Parent's RIC ID # _____

Child's Birth Date ____/____/____

Address _____

Phone # _____ Cell # _____

1) Have any members of your family ever attended the RIC Cooperative Preschool?

Yes _____ No _____

2) Does your child have siblings at home?

Yes _____ No _____

If yes, include names and ages:

3) What is your status at Rhode Island College?

Faculty _____ Staff _____ Student _____

4) Do you have any special talents, interests, or skills?

5) Is your child toilet trained?

Yes _____ No _____

6) What language is spoken at home?

7) Who is the child's primary caregiver?

8) Are there any special circumstances that the teacher should be aware of?

Explain: _____

9) Does your child have any medical problems, allergies, or special needs?

Explain: _____