

2025 RCM Preschool Registration - Ages 3-5

Child's name _____

Grade Completed _____ Cabin # _____

Birthday _____

Age _____

Parents' names _____

Home Address _____

Home phone _____

Email Address _____

Responsible person at RCM _____

Relationship to student _____

Cell phone (AT CAMP) _____

Food allergies Y N List:

Medical concerns

Y N Explain: _____

Family doctor _____ Doctor's phone _____

Hospital Preference _____

Siblings attending RCM (names and ages)

HOME CHURCH: _____ Pastor's Name: _____

**Photo Consent - I give permission for photos of my child to be used for
RCM publications. YES NO**

PRESCHOOL ONLY - People who may pick up my child
