

2021 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

