

RRC  Preschool

Name _____ Birthday _____
first middle last

Home address _____

Dad's name _____

Phone # _____

Mailing Address-if different than above

Email _____

Occupation _____



The bus is available to those on the RRC route

Mom's name _____

Arriving to school: circle one

Phone # _____

parent drop off OR bus

Email _____

*if bus: where will they come from- home or daycare

Occupation _____

Leaving school: circle one

In case of emergency (someone who is local and can get your child if needed when you cannot be reached).

parent pick up OR bus

Name _____

*if bus will they go to- home or daycare

Phone # _____



Snow Emergency: circle one

Allergies: _____

If school has a snow emergency how will your child leave school: (please check one)

*****Please fill out the back side as well and return to:**

___ same as they usually leave school

Joan Blomgren

___ another location (address below) _____

28973 120th St.

Lamberton, Mn, 56152



Younger siblings:

Check items below that your child can participate in:

- field trips (around town by bus or walking)
- photos (classroom use) for art
- photos/ videos (RRC and Pre-K Facebook)
- photos (newspapers)

name_____

birthday_____

name_____

birthday_____

name_____

birthday_____

_____ (parent signature)