

Name		Birthday
first	middle	lost
Home address		Dad's name
		Phone #
Mailing Address-if different than above		Email
		Occupation
		Mom's name
The bus is available to those or	the RRC route	Phone #
Arriving to school: circle one		Email
parent drop off OR bus		Occupation
*if bus: where will they come from- daycare	home or	
Leaving school: circle one		
parent pick up OR bus		In case of emergency (someone who is local and can get your child if needed when you cannot be reached).
*if bus will they go to- home or day	ycare	
		Name
Section 1		Phone #
Snow Emergency: circle one If school has a snow emergency how will your child leave school: (please check one)		Allergies:
another location (address below)		***Please fill out the back side also

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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
(parent signature)	namebirthday

You can register by **mailing** this form to:

Kathy Wacker 26946 US HIGHWAY 14

Lamberton, Mn. 56152

OR email it to kathywacker@rrcfalcons.org