

RIVER SCHOOL

ENROLLMENT APPLICATION

www.theriverschool.com

75 West End Avenue New York, NY 10023

Tel (212) 707-8300 Fax (212) 707-8600

email: westside@theriverschool.com

Hours of Operation: Monday thru Friday, 7:30 am – 7:00 pm

Child's Name _____ **Date of Birth/ Due Date** _____

Child's Nickname _____ **Sex** _____ **Anticipated Enrollment Date** _____

_____ **Street** _____ **Apt.** _____ **City** _____ **State** _____ **Zip** _____

Parent's Name _____ **Parent's Name** _____

Home Address _____ **Home Address** _____

Home Phone _____ **Home Phone** _____

Place of Business _____ **Place of Business** _____

Address _____ **Address** _____

Business Phone _____ **Business Phone** _____

Cell Phone _____ **Cell Phone** _____

E-mail _____ **E-mail** _____

Persons authorized to assume responsibility for the child if the parent is not available:

Name _____ **Name** _____

Relationship _____ **Relationship** _____

Address _____ **Address** _____

Phone _____ **Phone** _____

Child's Doctor _____ **Phone** _____

Address _____

By my signature, I attest to the following:

That the above information is correct _____ (signature) _____ (date)

Custodial Information:

If a non-custodial parent is not included among those persons authorized by the custodial parent to pick up the child, please explain below and attach a copy of the appropriate court documents. (Court Order.)

Program requested:

Full Time _____ **Three Days** _____ **Two Days** _____

Part time applicants please circle preferred days: M T W TH FR

FOR OFFICE USE ONLY:

Application date _____ **Start Date** _____ **Class Placement** _____

Date security deposit received ___ / ___ / ___ **Amount received** _____ **Date 1st month's tuition received** ___ / ___ / ___