



Rye Council For Childcare, Inc.

Rye Presbyterian Church • Rye, New York 10580 • 967-6334

Registration Form 2024-2025

Child's Full Name _____

Date of Birth _____ Age in September _____ Gender _____

Are you currently enrolled? _____ Have you been enrolled in the past? _____

What other programs are you enrolling in? _____

Please use a * to indicate which phone number and e-mail should be used in the School Directory.

Address _____

City _____ Zip Code _____ Home Phone _____

Mother's Name: _____ Email: _____

Cell Phone: _____ Occupation/Business Phone: _____

Father's Name: _____ Email: _____

Cell Phone: _____ Occupation/Business Phone: _____

Indicate if parents are: Married _____ Divorced _____ Single _____ Other _____

Siblings Name and Ages: _____

Please describe any medical needs and/or allergies _____

Does your child receive any early intervention and/or special education services? (Speech, OT, PT etc.) or require a SEIT _____ *This will not influence admissions, but is important for class placement.*

Please Check desired days below:

2 Day - Tues/Thurs: _____

3 Day - Mon/Wed/Fri: _____

5 Day option for 2's: _____

This form cannot be processed without an \$800.00 registration fee for deposit. The registration fee is non-refundable.

For office use below

Registered/Confirmed Days: _____

Deposit received: _____

Date: _____

Rye Playschool • 882 Boston Post Road, Rye, NY 10580 • (914) 967-6334 email: info@ryeplayschool.com