



INITIAL Application for Enrollment

Integrated Preschool Classroom/ECE Preschool Classroom

Ridgewood Local Schools –Ridgewood Elementary 225 West Union Avenue, West Lafayette, Ohio 43845

Phone 740-545-6354, Director - Dr. Bryan Raach

Child's Name: _____ Date of Birth: _____ Sex: M F

Father's Name: _____

Mother's Name: _____

Child's Address _____

Please identify who's number you are listing

Phone Number _____ Work Number _____ Emergency Number _____

Cell Phone _____

With whom does the child reside with? Both parents _____ Mother _____ Father _____

Guardian's Name _____
(if applicable)

Address _____

Phone Number _____ Work Number _____ Emergency Number _____

TOTAL NUMBER OF PEOPLE IN THE HOME: _____

Names/ages of other children in the home: _____

Any concerns: _____

Reason for seeking placement in the preschool program:

Parent's Signature

Date