



ADMISSIONS APPLICATION FOR ADMISSION

Please remit a \$75.00 (non-refundable) filing fee with this application.

Please make checks payable to Ronald Knox Montessori School.

This application for admission does not grant acceptance into the school.

Child's Name: _____

Application for school year beginning Fall of _____

(school year)

Program applied for:

Parent-Child Program (15 – 23 months) :

We offer two sessions for the Parent-Child Program:

a. PC-1 Session Mon and Tues 9:00 am – 10:30 am (Parent & Child)
Lecture will be every 4th Tues of the month 1:00 pm – 2:30 pm (Parent only)

b. PC-2 Session Wed and Thurs 9:00 am – 10:30 am (Parent & Child)
Lecture will be every 4th Thurs of the month 1:00 pm – 2:30 pm (Parent only)

Which session do you prefer? **PC-1** _____ **PC-2** _____ **Either** _____

Which session will you accept? **PC-1** _____ **PC-2** _____

Toddler Program (2 – 3 year old) :

We offer two sessions for the Toddler Program:

a. TAM-1 Session 8:15 am – 10:15 am 5 days per week (M-F)

b. TAM-2 Session 10:30 am – 12:30 pm 5 days per week (M-F)

Which session do you prefer? **TAM-1** _____ **TAM-2** _____ **Either** _____

Which session will you accept? **TAM-1** _____ **TAM-2** _____

Early Childhood Program (3 – 6 year old) :

We offer two sessions for the Early Childhood Program:

a. AM Session 8:30 am - 11:30 am 5 days per week (M-F)

b. PM Session 12:45 pm - 3:45 pm 5 days per week (M-F)

c. Lunch Program 11:30 am – 12:30 pm 5 days per week (M-F)

(Optional program that can be added to either to the AM or PM session)

Which session do you prefer? **AM** _____ **PM** _____ **Either** _____

Which session will you accept? **AM** _____ **PM** _____

Lunch Program? **Yes** _____ **No** _____



Child's date of birth _____ Gender _____

Address _____

City _____ State _____ Zip _____

Phone _____ e-mail _____

Has the child attended school before? _____

Where and when? _____

Father's Information

Father's Full Name _____

Profession/Occupation _____
(*current or past*)

Name of Firm _____

Business Phone _____ Cell Phone _____

Mother's Information

Mother's Full Name _____

Profession/Occupation _____
(*current or past*)

Name of Firm _____

Business Phone _____ Cell Phone _____

Marital Status (optional) _____

If divorced or separated, with whom does the child reside? _____

Siblings

<u>Name</u>	<u>Birth Date</u>	<u>School attended</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you presently have a child attending RKMS? _____

If so, will this child be returning next year? _____

Have any siblings graduated from RKMS? Yes No

Names & year of graduation _____

Is either Parent a graduate of RKMS? Yes No

Year of Graduation _____

How did you learn about Ronald Knox Montessori School? Please check all that apply:

- Website _____
- Newspaper advertisement _____
- Other advertisement. Please specify: _____
- Referred by relative/friend/acquaintance/pediatrician, etc.:
 1. Name: _____
 Address: _____

street
city
zip code
 2. Name: _____
 Address: _____

street
city
zip code
- Other: _____



Have you ever observed a Montessori classroom? _____ Where? _____

The Montessori educational method allows a child to proceed at his own pace. The Early Childhood Program is a three-year program and it is the third year that brings the learning and development of the first two years to fruition. Therefore, it is critical that the child be allowed to continue in the school until the completion of the three years in the Early Childhood Program.

Early withdrawal from the Early Childhood Program will result in the loss of sibling priority status and Family Deposit.

Return of this Application for Admission, along with the \$75 filing fee, will place your child's name on the list of applications to be processed. Parents will be contacted for pre-enrollment visit conducted in the winter for the following fall placements.

Although applications are processed on a first-come, first-serve basis, priority is given to siblings and legacies who apply by December 1st. Consideration is also given to classroom balance according to age, gender, and previous Montessori experience.

Parents of applicants are encouraged to visit the school to observe a Montessori class in session. Please call our school office (256-2922) to schedule an appointment. This initial visit is for parents only.

Signature of Parent or Guardian

Date

*Thank you for applying to RKMS
A non-profit organization accredited by the American Montessori Society*