



APPLICATION FOR ENROLLMENT

Student Name: _____ M F

Birth Date: _____ Desired Enrollment Month(s) & Year: _____

Application Guidelines and Fee Information:

1. The application should be filled out completely, including signatures.
2. A non-refundable application fee of \$50 per child is due at the time the application is submitted. This fee allows your child’s application to be processed; it does not guarantee enrollment, nor can it be applied toward any other fee. A separate application is required for each child.
3. Once enrollment is accepted, the child’s parent or guardian may attend an Enrollment Orientation, by appointment.
4. RMA accepts children who are or will be vaccinated or who have a medical exemption. If your child is abstaining from vaccinations for personal or medical reasons, please let us know so that we can discuss the options for enrollment. Delayed vaccination schedule is acceptable with a note from your child’s pediatrician along with the full schedule of vaccinations for our records.

Did you attend a tour of RMA? **NO** **YES** If yes, when? _____

Please choose the options you are most interested in:

Primary (2.5 - Kindergarten) or Elementary (First grade and above)

Full Day 5 days per week 8:00 am to 3:00 pm

Other options for Primary only

Full Day 4 days per week (M-Th) or (T-F) 8:00 am to 3:00 pm

Half Day 4 days per week (M-Th) or (T-F) 8:00 am to 11:30 am

Half Day 5 days per week 8:00 am to 11:30 am

Add on to In-Person Programs, Primary and Elementary (Please choose all that apply)

Add Before School 7:30am to 8:00am

Add Enrichment 1 3:00pm to 4:15pm

Add Enrichment 2 3:00pm to 5:45pm

Please note: RMA's enrollment is continuous. Once enrolled in RMA, families will not need to re-enroll. Independent schools adjust their tuition to reflect cost of living increases AND to stay fiscally smart. RMA will increase tuition, dues, and fees on a yearly basis with the changes starting on August 1, unless emergency changes are required. We strive to be open and honest with families at all times, and we will inform families via email and our website when changes are made to our tuition, dues, and fees.

Student & Family Information

Student Name: _____ **Gender:** M F

Birth Date: _____ **Grade Level:** _____

Home Address: _____

Child's Home Language(s): _____

Please list any Allergies or other health related information: _____

Parent/Guardian #1: _____

Occupation: _____ **Place of Employment:** _____

Phone: _____ **E-mail:** _____

Home Address: _____

Relationship to Student: _____

Parent/Guardian #2: _____

Occupation: _____ **Place of Employment:** _____

Phone: _____ **E-mail:** _____

Home Address: _____

Relationship to Student: _____

Parent(s)/Guardian(s) are: (circle one)

- Married Separated Divorced Partners Extended Family Single Parent

If you are divorced or separated, what is the custody arrangement?: _____

Sibling Names & Ages: _____

Child's Race/Ethnicity (optional): African American Asian/Pacific Islander Caucasian Hispanic/Latino
Native American Other: _____

Auxiliary Information

Please list any physical, emotional, or psychological information that might influence your child's behavior or developmental growth: _____

Is your child (or will your child be) up to date with all immunizations? Yes No

Does your child have any prior experience with a school, day care, or nanny? Please list the places attended:

Describe the experience(s). What worked well? What was difficult? _____

How did you become aware of our school? Were you referred by any current or former RMA families? If yes, please let us know the family. _____

Why do you wish to send your child to RMA? _____

What do you hope your child will gain from this experience? _____

If your child could grow up to have any three personal qualities, what would they be?

What do you know about the Montessori approach to education?

Why do you think that a Montessori community would be a good fit for your family?

Describe your family's core values: _____

How do you feel our school will fit with these values? _____

Do you feel you have an understanding of the Montessori Approach that RMA uses?

In what ways do you expect to be able to contribute to our school community? _____

How will you prepare your child and yourself to transition into our school? _____

What other schools are you considering for your child's Kindergarten, Elementary, and Middle School and why?

What else would you like us to know about your child and your family? _____

The Renaissance Montessori Academy is a non-sectarian, non-discriminatory school. The school's non-discrimination policy is relative to race, color, national origin, ethnicity, religious affiliation, or sexual orientation with respect to the admissions, programs and activities performed at the school as well as in regards to employment of faculty and administrative staff.

The Renaissance Montessori Academy considers the records of all students to be confidential information available to a child's parents/guardians upon request. Records will only be released to other schools or agencies upon receipt of a signed request from a parent or guardian, and only after all accounts due are paid in full.

By signing this application, I acknowledge that I have read and understand the programs and dues offered. Furthermore, I acknowledge that I have truthfully completed this application.

Parent/Guardian #1 Signature: _____

Printed Name: _____ **Date:** _____

Parent/Guardian #2 Signature: _____

Printed Name: _____ **Date:** _____

FOR OFFICE USE ONLY

App. Date: _____ Fee Paid: _____ Waitlist email: _____

Date added: _____ Confirmation email: _____ Deposit Received: _____

Welcome email: _____ ELV sent: _____ ELV Finished: _____

Start Date: _____ Classroom/Teacher: _____