



136 Jaycee Drive, Suite 50
Johnstown, Pennsylvania 15904
(814) 262-9201

INFANT APPLICATION FOR ADMISSION

Ages 6 weeks to 12 months

Application is hereby made for admission of _____ (child's name) as a student at Richland Academy in our Montessori Infant Program for the _____ academic year.

Enrollment is requested for the program indicated:

_____ 5 Day (Monday through Friday 8:45 – 11:45 a.m.)

_____ 3 Day (Monday, Tuesday & Wednesday 8:45 – 11:45 a.m.)

_____ 2 Day (Thursday & Friday 8:45 – 11:45 a.m.)

GENERAL INFORMATION

Child's date of birth _____ Gender _____

Home Address _____

City _____ State _____ Zip _____ Telephone (____) _____

Mother's Name (or Legal Guardian) _____

Address _____

Home Phone (____) _____ Work Phone (____) _____ Cell Phone (____) _____

E-mail address _____

Father's Name (or Legal Guardian) _____

Address _____

Home Phone (____) _____ Work Phone (____) _____ Cell Phone (____) _____

E-mail address _____

Please complete both sides.

Please circle one:

Sibling of Currently Enrolled Student or Alumni

New Student

Please list names and dates of birth for child's siblings: _____

How did you find out about Richland Academy? _____

If someone referred you, please tell us who: _____

Have you had an opportunity to visit Richland Academy during regular school hours? Yes / No.

If not, would you like to set up an appointment to observe? Yes / No.

Each family is responsible for 10 service hours per year. Please list any special skills, talents or interests:

Please state why you would like your child to attend Richland Academy:

Will this be your child's first experience away from home? Yes / No. If no, please describe your child's previous experiences and caregivers: _____

Has your child experienced separation from his/her parent(s)/guardian(s)? Yes / No.

Were there any circumstances of the pregnancy or birth of your child that may have an effect on

his/her future development? Yes / No. If yes, please describe: _____

Does your child have special needs or medical conditions, now or in the past (i.e. allergies)?

Yes / No. If yes, please list and describe: _____

Does your child receive special services? Yes / No. If yes, please describe: _____

Before your child begins attending Richland Academy you will meet with your child's teacher to discuss your child's routines and to learn more about how we can help you meet your family's needs. Please describe any thoughts or concerns you would like to discuss with your child's teacher:

Signatures of Both Parents Required.

(Mother's or Guardian's Signature) Date _____

(Father's or Guardian's Signature) Date _____

Please include \$40.00 non-refundable application fee

For Office Use Only.

Application Received: _____ Application Fee Paid: _____ Acceptance Sent: _____

Withdrawal Date: _____ Notes: _____