



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

OLDER TODDLER APPLICATION FOR ADMISSION

Ages 24 months- 39 months

Application is hereby made for admission of _____ (child's name)
as a student at Richland Academy in our Montessori Young Toddler Program (ages 24-39
months) for the _____ academic year. Enrollment is requested for the program
indicated:

_____ 5 Day Program (Monday – Friday) _____ 3 Day Program (Tues., Wed., Thurs.)

General Information

Child's date of birth _____ Gender _____ Potty Trained? _____

Home Address _____

City _____ State _____ Zip _____ Telephone (____) _____

Child's home school district _____

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 _____

CONTINUE ON BACK

Please circle one:

Returning Student Sibling of Currently Enrolled Student or Alumni New Student

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

Have you had an opportunity to observe our Montessori Toddler Classroom during regular school hours? Yes / No. If not, please list a convenient date and time to observe a class in session. _____

Please state why you have chosen a Montessori environment for your child:

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

Childcare Information:

Richland Academy provides before and after school childcare services in our Montessori Home Environment from 6:30 am – 8:45 am and from 11:45 am – 5:30 pm for children enrolled in our academic programs. Please indicate the type of care your child may need.

- 5 days a week from ____ to ____.
- ____ days a week from ____ to ____.
- Holidays and vacation
- Occasional Care

Signatures of Both Parents Required.

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

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

Please include \$40.00 non-refundable application fee.

<u>For Office Use Only.</u>		
Application Received: _____	Request for Tuition Deposit: _____	Notes:
Acceptance Sent: _____	Tuition Deposit Paid: _____	
Application Fee Paid: _____	Withdrawal Date: _____	