



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

### PREPRIMARY APPLICAIION FOR ADMISSION

Ages 2 years 7 months to 6 years

Application is hereby made for admission of \_\_\_\_\_ (child's name)  
as a student at Richland Academy in our Montessori Preschool/Kindergarten Program for the  
\_\_\_\_\_ academic year. Enrollment is requested for the program(s) indicated:

- \_\_\_\_ 5 Day Morning (Monday through Friday 8:45 – 11:45)
- \_\_\_\_ 3 Day Afternoon (Tuesday, Wednesday, & Thursday 12:30 – 3:30)
- \_\_\_\_ Extended Day (2<sup>nd</sup> and 3<sup>rd</sup> year preprimary students)
- \_\_\_\_ Kindergarten (Mon. & Fri. 8:45 – 11:45, Tues., Wed., & Thurs. 8:45 – 2:30)

#### 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 \_\_\_\_\_

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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:

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Have you had an opportunity to observe our Montessori Preschool/Kindergarten 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 would like your child to attend Richland Academy:

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Each family is responsible for 10 service 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: _____	