



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

## YOUNG TODDLER APPLICATION FOR ADMISSION

Ages 12 months- 23 months

Application is hereby made for admission of \_\_\_\_\_ (child's name) as a student at Richland Academy in our Montessori Young Toddler Program (ages 12-23 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 \_\_\_\_\_

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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 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:

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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:	_____
Acceptance Sent:	_____	Tuition Deposit Paid:	_____
Application Fee Paid:	_____	Withdrawal Date:	_____
Notes:			