



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

Older Toddler
Application for Admission
(Ages 24 to 39 months)

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

Enrollment is requested for the program(s) 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 _____

Parent/Guardian's name _____ Relationship to child _____

Address _____

Home phone (____) _____ Work phone (____) _____ Cell phone (____) _____

E-mail address _____

Parent/Guardian's name _____ Relationship to child _____

Address _____

Home phone (____) _____ Work phone (____) _____ Cell phone (____) _____

E-mail address _____

CONTINUE ON BACK

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: _____

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: _____

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 all responsible parties required.

_____ Date _____
(Parent/Guardian's signature)

_____ Date _____
(Parent/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: _____	