



RIVERSIDE MONTESSORI ACADEMY

Hallmark of Education

7141 INDIANA AVENUE RIVERSIDE, CA 92504 | TEL: (951) 686-1335 | FAX: (951) 686-1339 ■ 6200 PACHAPPA DRIVE RIVERSIDE, CA 92506 | TEL: (951) 682-3380 | FAX: (951) 686-1339

Enrollment Application

Today's Date: _____ Starting Semester: _____

Student Name: _____

Date of Birth: _____ Current Age: _____ Gender: _____

Home Address: _____ City: _____ Zip: _____

Student's Cultural background: _____

Name(s) of Brother's and Sister's Residing with Student:

Name:	M or F	Birthdate	Grade	School
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Parent/Guardian 1 Name: Dr./Mr./Mrs./Ms. _____

Relationship to Student: _____

Address (if different from student): _____

Lives with student Has Custody of Student

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Employer's Name: _____ Position: _____

Work Address: _____

Parent/Guardian 2 Name: Dr./Mr./Mrs./Ms. _____

Relationship to Student: _____

Address (if different from student): _____

Lives with student Has Custody of Student

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Employer's Name: _____ Position: _____

Work Address: _____

Parental Status: Married Single Separated
 Two Parent Home Guardian(s) Shared Parenting
 Sole Parent/Female Sole Parent/Male Other: _____

Is the child adopted? _____ Are either of the parents diseased? _____

Are either of the parents away from the home for long periods of time? _____

Are both parents interested in the child's education? _____

How did you hear about Montessori Academy? _____

Why do you want to enroll your child in a Montessori School? _____

Medical Conditions:

Does the child have a diagnosed medical condition that may require support? Yes No

If Yes, please provide further information: _____

Does the child have any Allergies? Yes No

If Yes, Please check relevant allergy and provide details:

Bees Dairy Products Gluten Nuts Yeast

Other – Please Specify: _____

Please provide additional information regarding allergy: _____

Name of Child's Pediatrician? _____ **Tel Number:** _____

Address: _____

Development:

Do you have any concerns about your child's development? Yes No

Hearing Vision Language Gross Motor Fine Motor Social

Other : _____

What is your child's primary spoken Language? _____

Are there other Languages being used with your child? _____

Social and Emotional Development:

Has your child been in child care before? Yes No

Is your child comfortable in group situations? Yes No

What methods of discipline do you utilize with your child? _____

Is there anything we should know about your child's play with other children, by themselves? Any concerns? _____

How would you describe your child's temperament and personality? _____

What soothes your child? _____

What frightens your child? _____

What are your expectations and hopes for your child at our school? _____

Is there anything regarding your family, extended family or child that you would like to share with us? _____

How did you hear about Montessori Academy?

Web: _____ Friend: _____ Other: _____

Parent/Guardian Agreement: I, _____ (please print name) desire to enroll my child in Riverside Montessori Academy (RMA). I understand that if accepted, I will be responsible for paying tuition and all other fees as outlined in the RMA Financial Information Statement. I understand that the information contained in this application form is accurate to the best of my knowledge, but that RMA reserves the right to make program or financial adjustments, if necessary to best serve the families and program at RMA. I understand that by paying the application, enrollment, and program fees I am reserving a place for my child at RMA and that these fees are strictly *non-refundable*.

Non-Discriminatory Policy: Riverside Montessori Academy admits students of any race, color, or national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students of the school. It does not discriminate on the basis of race, color, or national and ethnic origin in the administration of its educational policies, admissions policies, scholarship programs, and other school administered programs.

Parent Signature: _____ **Date:** _____