

Redwood Montessori Academy

Admissions Application – Early Primary and Primary

Application Date: _____ To start attending on: _____

Child's full name: _____

Child's preferred name/nickname _____ Sex _____

Date of birth _____ Age on September 1 will be: Years _____ Months _____

Enrollment Plan: (circle one) 12-Month (June-May) 9-Month Academic Year MidYear Enrollment

Program Requested: (circle all that apply) Early Primary Primary Half Day Full Day

AM Care PM Care

Part-time: days of the week _____

Mother/Parent 1 Name _____ Father/Parent 2 Name _____

Parents are: ___ married ___ life partners ___ not married ___ separated ___ widowed ___ divorced

Child lives with: ___ both parents ___ parent 1 ___ parent 2 ___ Other: _____

Step-parent's name (if applicable): _____

Child's home address: _____

Home phone: _____ Parent's email: _____

Parent 1 cell phone _____ Parent 2 cell phone _____

Parent 1 profession _____ Parent 2 profession _____

Parent 1 work phone _____ Parent 2 work phone _____

Parent 1 employer and address: _____ Parent 2 employer and address: _____

Brothers and Sisters (name, age, current school):

Previous school history - Please list all previous schools, preschools, and/or daycare and the dates of attendance:

Parent's signature and date:

Please include the Early Primary/Primary Class Student Profile. Return with \$100 application fee to:
Redwood Montessori Academy, 1605 Veirs Mill Road, Rockville, Maryland, 20851.
301-762-2524.

Redwood Montessori Academy

Early Primary/Primary Class Student Profile

Date: _____

Child's Name _____

Age walked _____ First word _____ Does your child socialize readily? _____

Describe overall behavior _____

Child's interests _____

Activities outside of school _____

How much time does (s)he spend each day on TV, videos, electronic games, or other devices? _____

Uses: ___scissors ___paint ___glue ___crayons ___pencil

Describe his/her verbal ability _____

Does child read by him/herself? _____ Do you read together? _____ Give examples:

Status of toileting: (please check one) ___ in diapers/not toileting ___ in diapers/learning to use the toilet
___ no diapers, but needs some help using the toilet ___ can go to the bathroom unassisted

When did your child start using the toilet? _____ When did your child stop using diapers? _____

Any significant health problems, allergies, or other medical conditions? _____

Dietary restrictions? _____

Any fears, serious illnesses, accidents, psychological problems, or other traumatic experiences?

Nap schedule _____ Eating likes/dislikes _____

Reason for enrolling child here and your expectations:

Other comments:

How did you hear about us? _____

Send with Admissions Application to: Redwood Montessori Academy, 1605 Veirs Mill Rd.,
Rockville, MD 20851. **For more information, call 301-762-2524.**