



Early Childhood Program

Our School's mission is to provide a challenging and engaging academic program, fostering personal responsibility, leadership and respect for all in a collaborative community that cherishes, encourages and prepares every child.

Registration Form

Date _____ Academic Year 2019-2020

Child's Name _____
Last First Middle Preferred

Home Address _____

City, State, Zip _____

() Male () Female Date of Birth _____ Home Phone (_____) _____
MM/DD/YY

Ethnicity (Optional) _____ 1. African American 2. Hispanic American 3. Asian American 4. Native American 5. Pacific Islander American
6. Multiracial American 7. Middle Eastern American 8. International Students 9. European American 10. Unsure of Ancestry

FAMILY INFORMATION (Complete home address if different than above)

Parent 1 () Dr. () Mr. () Mrs. () Ms. () Other _____

Name _____
Last First Middle Preferred

Home Address _____ City, State, Zip _____

Home Phone _____ Cell Phone _____

Business Name _____ Occupation _____

Business Address _____ Position _____

City, State, Zip _____ Business Phone _____

Primary Preferred Email Address _____

Parent 2 () Dr. () Mr. () Mrs. () Ms. () Other _____

Name _____
Last First Middle Preferred

Home Address _____ City, State, Zip _____

Home Phone _____ Cell Phone _____

Business Name _____ Occupation _____

Business Address _____ Position _____

City, State, Zip _____ Business Phone _____

Primary Preferred Email Address _____

Student's Parents Are () Married () Separated () Divorced () Single Parent
() Mother Deceased () Father Deceased

() **Remarried:**

Parent 1 _____ Stepparent _____

Parent 2 _____ Stepparent _____

Name of custodial parent if applicant's parents are divorced _____

Name to whom bills should be sent _____

Email _____ Invoice will be emailed unless otherwise requested

STEPPARENT, if child has been adopted. () Dr. () Mr. () Mrs. () Ms. () Other _____

Name _____
Last First Middle Preferred

Home Address _____ City, State, Zip _____

Home Phone _____ Cell Phone _____

Business Name _____ Occupation _____

Business Address _____ Position _____

City, State, Zip _____ Business Phone _____

Primary Preferred Email Address _____

APPLICANT'S SIBLINGS

Name	Age	Grade	Current School
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PRESCHOOL PREVIOUSLY ATTENDED

Name	Address	Phone	Dates Attended
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REGISTRATION Schedule (check one that applies) Academic Year – August 20, 2019 – May 24, 2020 - tuition may vary for 2019-2020

Half Days: 8:00 am – 12:00

- () Three (3) half days per week
\$731/mo for 9 equal payments
- () Four (4) half days per week
\$941/mo for 9 equal payments
- () Monday through Friday half days
\$1,121/mo for 9 equal payments

Full Days: 8:00 am – 3:00 pm

- () Three (3) full days per week
\$1,284/mo for 9 equal payments
- () Four (4) full days per week
\$1,692/mo for 9 equal payments
- () Monday through Friday full days
\$2,000/mo for 9 equal payments

Once you've submitted this completed Registration Form with the \$75 Registration Fee, we will schedule a school visit for your child. Following the school visit and acceptance into the class, a one month deposit is due by April 5 or within two weeks of receiving your acceptance letter if after April 6, -- followed by eight equal monthly payments as outlined on your Registration Agreement. RWS is on rolling admissions – but are not required to accept your offer until April 5. However, places in the class are not assigned until your acceptance and one-month deposit have been received.

CHILDCARE

- I am in need of
- () Beforecare Services –included with tuition
 - () Aftercare Services - billed monthly at \$6.50/hour

Current Teacher () Mr. () Mrs. () Ms. () Dr. _____

Current Schedule (check all that apply) () M () T () W () Th () F () AM () PM () Both

GENERAL INFORMATION

Do you have any relatives who have attended Rohan Woods? () Yes () No

Name	Class	Relationship
_____	_____	_____
_____	_____	_____

Who recommended Rohan Woods to you, or what was your source of information? _____
() Print Media () Facebook () TV () Website () ISSL () Current family
() Other _____

If you know a current family, please provide their name. _____

Does your child have any allergies? Please specify (including food allergies) _____

Please provide any further information that will be helpful to us in determining your child's needs. _____

For full time registrants, would you like information on financial aid programs? () Yes () No

Is your child applying to other schools? () Yes () No If yes, where? _____

_____ PARENT/GUARDIAN SIGNATURE	_____ DATE	_____ PARENT/GUARDIAN SIGNATURE	_____ DATE
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THIS REGISTRATION FORM IS TO BE COMPLETED BY PARENTS AND RETURNED TO THE SCHOOL OFFICE WITH THE \$75.00 REGISTRATION FEE IN CHECK OR MONEY ORDER PAYABLE TO ROHAN WOODS SCHOOL.

Rohan Woods School admits students of any sex, race, color, sexual orientation, religion and national ethnic origin to all the rights, privileges, programs and activities generally made available to students of the School. The School does not discriminate on the basis of sex, race, color, sexual orientation, religion or national or ethnic origin in administration of its educational policies or programs, admissions policies or financial aid programs.