



**Mission**  
Rohan Woods School prepares children for success by providing a challenging, integrated Project Approach to learning that encompasses respect, responsibility and leadership.

## Early Childhood Registration Form

Date \_\_\_\_\_ Academic Year \_\_2021-2022 or \_\_2022-2023

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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_____	_____	_____	_____
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**REGISTRATION** Schedule (check one) Academic Year \_\_\_2021-22\_\_\_ \_\_\_2022-23\_\_\_ **NOTE: tuition may vary for 2022-2023**

#### Half Days: 8:00 am – 12:00

Three (3) half days per week  
\$786/mo for 9 equal payments

Four (4) half days per week  
\$1,012/mo for 9 equal payments

Monday through Friday half days  
\$1,205/mo for 9 equal payments

#### Full Days: 8:00 am – 3:00 pm

Three (3) full days per week  
\$1,381/mo for 9 equal payments

Four (4) full days per week  
\$1,819/mo for 9 equal payments

Monday through Friday full days  
\$2,150/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 within two weeks of receiving your acceptance letter, – followed by eight equal monthly payments as outlined on your Registration Agreement. RWS is on rolling admissions – but you are not required to accept your offer until April 1. 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 starts at 7:15am –included with tuition

Aftercare Services 3:15pm-5:30pm - 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
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_____	_____	_____
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Who recommended Rohan Woods to you, or what was your source of information? \_\_\_\_\_

( ) Print Media ( ) Facebook ( ) TV ( ) Website ( ) ISSL ( ) Current family ( ) Google

( ) Other \_\_\_\_\_

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

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

\_\_\_\_\_

Has your child had an educational or psychological evaluation performed? ( ) Yes ( ) No

If yes, please explain. \_\_\_\_\_

\_\_\_\_\_

Please share any additional 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

**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.