



Rock Creek Montessori School
3701 Spruell Drive
Silver Spring, MD 20902
301-942-9561
<http://www.rockcreekmontessori.com>

Applying for 20__

- Half Day
- Full Day
- After-School Care
- Before-School Care

Application

Child

FIRST	MIDDLE	LAST
NICKNAME		
BIRTHDATE	AGE (YEARS & MONTHS)	
PLACE OF BIRTH		
PREVIOUS SCHOOL EXPERIENCE		
SCHOOL	DURATION	
REASONS FOR APPLYING TO RCMS		

Parent or Guardian

FULL NAME		
STREET ADDRESS		
STATE	ZIP	HOME PHONE
OCCUPATION, TITLE		
BUSINESS ADDRESS		
BUSINESS PHONE	CELL PHONE	FAX
EMAIL ADDRESS		

Parent or Guardian

FULL NAME		
STREET ADDRESS		
STATE	ZIP	HOME PHONE
OCCUPATION, TITLE		
BUSINESS ADDRESS		
BUSINESS PHONE	CELL PHONE	FAX
EMAIL ADDRESS		

Health

PEDIATRICIAN

ALLERGIES

ADDRESS

RESTRICTIONS

PHONE

PHYSICAL LIMITATIONS OR SPECIAL NEEDS

Siblings

NAMES AND BIRTHDATES

Grandparents

NAMES AND ADDRESSES

Application Procedure

1. Submit application and non-refundable fee of \$50.00 to Rock Creek Montessori School.
2. All prospective students as well as parents must be interviewed by the Head of the School
3. All deposits, fees & forms are required upon acceptance to Rock Creek Montessori School.

RCM School has a policy of non-discrimination regarding race, religion, and ethnic origin for admission of students and the employment of faculty and staff.

RCM School considers the records of all individual students to be confidential information available to a child's parents or guardians upon request. Records will be released to other schools or agencies only upon signed request from a parent or guardian and only after all accounts due are paid in full.

SIGNATURE OF PARENT OR GUARDIAN

DATE

Office Use Only

DATE RECEIVED

DATE OF INTERVIEW

DATE OF ENROLLMENT

FIRST DAY OF CLASS

- Application Fee
 - Tuition Deposit
 - Primary Half Day
 - Primary Full Day
 - Before School Care
 - After School Care
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