



# Toddler House Application

18 months—3 years

## Applicant Information

FIRST NAME (NICKNAME) MIDDLE NAME LAST NAME

DATE OF BIRTH GENDER DESIRED ENTRY DATE (MONTH/ YEAR)

STREET/ P.O. BOX / APT. #

CITY STATE ZIP CODE

PARENT/ GUARDIAN 1-NAME RELATION PARENT/ GUARDIAN 2-NAME RELATION

### Program you are applying for:

<b>Toddler House: Ages 18 months—3 years</b>			
<i>(Check all that Apply)</i>			
	<b>Time</b>	<b>5 days</b>	<b>3 days</b>
<b>Core Program</b>			
Half Day	8.30-11.30	<input type="radio"/>	<input type="radio"/>
Full Day	8.30-3.00	<input type="radio"/>	<input type="radio"/>
<b>Extended Programs</b>			
Morning Care	7.30-8.30	<input type="radio"/>	<input type="radio"/>
Afternoon Care	3.00-6.00	<input type="radio"/>	<input type="radio"/>

Applicant's current school (if applicable): \_\_\_\_\_

Have you previously applied to Redeemer Montessori School?  Yes  No

Please list relatives who are or have been students at RMS: \_\_\_\_\_

Applicant lives with *(Check all that Apply)*:  Mother  Father  Other: Name/ Relationship \_\_\_\_\_

Parental Situation *(Check all that Apply)*:  
 Parents are married and/or living together  Single Parent  Parents are separated  Parents are divorced  
 Father is deceased  Mother is deceased

Language(s) spoken in the home: \_\_\_\_\_

### Non-Discrimination and Diversity at RMS

*Our MISSION is to educate children in an ideal learning environment based upon Montessori principles which foster independent thinking, creative learning and spiritual well being. We follow the children through their journey of discovery and growth in becoming socially responsible, morally aware, global citizens. As such, RMS admits students of any race, color, religious affiliation, national or ethnic origin, gender, sexual orientation, or disability to all rights, privileges, programs, and activities generally accorded or made available to students at our school. RMS does not discriminate unlawfully in the administration of our admission policies, educational policies, scholarships, and/or other school-based programs.*

# Toddler House Application for

FIRST NAME	(NICKNAME)	LAST NAME
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## Family Information

### Parent/ Guardian 1

FIRST NAME	(NICKNAME)	LAST NAME
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ADDRESS: STREET/ P.O. BOX / APT. #

ADDRESS: CITY	STATE	ZIP CODE
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PHONE: HOME	WORK	MOBILE—CELL
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EMAIL ADDRESS:

OCCUPATION/ TITLE	EMPLOYER
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EMPLOYER ADDRESS	EMPLOYER CITY	STATE	ZIP CODE
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HIGH SCHOOL ATTENDED	COLLEGE ATTENDED	DEGREE(S) EARNED
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COMMUNITY, PHILANTHROPIC, OR SOCIAL ORGANIZATIONS

WHAT SKILLS, INTERESTS, OR TALENTS WOULD YOU LIKE TO SHARE WITH THE RMS COMMUNITY?

HOW WOULD YOU LIKE TO GET INVOLVED WITH THE RMS COMMUNITY (VOLUNTEER, ETC.)?

### Parent/ Guardian 2

FIRST NAME	(NICKNAME)	LAST NAME
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ADDRESS: STREET/ P.O. BOX / APT. #

ADDRESS: CITY	STATE	ZIP CODE
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PHONE: HOME	WORK	MOBILE—CELL
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EMAIL ADDRESS:

OCCUPATION/ TITLE	EMPLOYER
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EMPLOYER ADDRESS	EMPLOYER CITY	STATE	ZIP CODE
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HIGH SCHOOL ATTENDED	COLLEGE ATTENDED	DEGREE(S) EARNED
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COMMUNITY, PHILANTHROPIC, OR SOCIAL ORGANIZATIONS

WHAT SKILLS, INTERESTS, OR TALENTS WOULD YOU LIKE TO SHARE WITH THE RMS COMMUNITY?

HOW WOULD YOU LIKE TO GET INVOLVED WITH THE RMS COMMUNITY (VOLUNTEER, ETC.)?

# Toddler House Application for

\_\_\_\_\_

FIRST NAME (NICKNAME) LAST NAME

## About Your Child

Please write three words that best describe your child: \_\_\_\_\_

Tell us about your child's strengths and stretches: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

How do you feel your child copes with transitions at this point? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

How does your child handle challenges or conflict? What frustrates him/her? How is he/ she best supported by adults? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What activities do you share as a family? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

How does your child like to spend his or her unstructured time? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

How would you describe your parenting style? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Tell us about your aspirations for your child's development (physical, cognitive, social/ emotional) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What would you especially like to have your child experience in a Montessori setting? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What are the expectations of the school that you choose for your child? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Has the applicant ever had individually administered testing or received early intervention services?  Yes  No

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

# Toddler House Application for

FIRST NAME

(NICKNAME)

LAST NAME

## Optional Background Information:

*The National Association of Independent Schools has identified the following categories to designate the race of students. Please check the demographic group that you consider most appropriate for the applicant. Disclosure of racial or ethnic information is purely voluntary. This information is kept confidential and declining to complete this section will not affect the consideration of this application in any way.*

- African American—Black, country of origin \_\_\_\_\_
- African—country of origin \_\_\_\_\_
- Asian American, country of origin \_\_\_\_\_
- Asian, country of origin \_\_\_\_\_
- Black, non-African, country of origin \_\_\_\_\_
- Hispanic—Latino/a, country of origin \_\_\_\_\_
- Mexican American—Chicano/ a \_\_\_\_\_
- Middle Eastern, country of origin \_\_\_\_\_
- Native American tribal affiliation \_\_\_\_\_
- Pacific Islander \_\_\_\_\_
- Puerto Rican \_\_\_\_\_
- Caucasian—White, country of origin \_\_\_\_\_
- Other, please specify \_\_\_\_\_
  
- Prefer Not to Respond

## Sibling(s):

_____	_____
SIBLING NAME	DATE OF BIRTH
_____	_____
CURRENT SCHOOL	GRADE
_____	_____
SIBLING NAME	DATE OF BIRTH
_____	_____
CURRENT SCHOOL	GRADE
_____	_____
SIBLING NAME	DATE OF BIRTH
_____	_____
CURRENT SCHOOL	GRADE

## Additional Information

How did you hear about RMS School/ Who may we thank for referring you to RMS? \_\_\_\_\_

Please indicate any other schools that you are considering: \_\_\_\_\_

## Terms and Conditions

As part of this application to RMS School, the applicant and his or her parents or guardians agree to the following:

1. This application and all other relevant information as outlined in the Admission Procedure will be considered if and when material is complete. The undersigned grants RMS School permission to request and receive confidential information regarding the applicant and to retain such information in the applicant's file.
2. The information furnished on this application, together with all information and materials provided from any other source, shall remain confidential and shall not be disclosed to anyone, including the candidate and his / her family or guardian.

PARENT 1 SIGNATURE

DATE

PARENT 2 SIGNATURE

DATE

PLEASE RETURN THIS FORM ALONG WITH A NON-REFUNDABLE **\$50.00 APPLICATION FEE** (PAYABLE TO RMS) TO THE OFFICE.

**2700 WARREN CIRCLE DRIVE \* IRVING \* TEXAS \* 75062**