



Parent Infant Program

Applicant Information

FIRST NAME	(NICKNAME)	MIDDLE NAME	LAST NAME
DATE OF BIRTH		GENDER	DESIRED SESSION (1 OR 2)
STREET/P.O. BOX / APT. #			
CITY	STATE		ZIP CODE
PARENT/ GUARDIAN 1-NAME	RELATION	PARENT/ GUARDIAN 2-NAME	RELATION

Program you are applying for:

Parent Infant Program: Ages 0-12 Months/Expecting Parent <i>(Check all that Apply)</i>		
<u>Session 1</u> Feb 7 th – March 28 th (Thursday's Only)	Time 9:00-11:00 am	6 Weeks <input type="radio"/>
<u>Session 2</u> April 4 th – May 9 th (Thursday's Only)	Time 9:00-11:00 am	6 Weeks <input type="radio"/>

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

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

Other Relatives that live with the family? (Grandparents, aunts, uncles, cousins): _____

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.

Parent Infant Program for: _____>

FIRST NAME

(NICKNAME)

LAST NAME

Family Information

Parent/ Guardian 1

FIRST NAME

(NICKNAME)

LAST NAME

ADDRESS: STREET/ P.O. BOX / APT. #

ADDRESS: CITY

STATE

ZIP CODE

PHONE: HOME

WORK

MOBILE—CELL

EMAIL ADDRESS:

OCCUPATION/ TITLE

EMPLOYER

EMPLOYER ADDRESS

EMPLOYER CITY

STATE

ZIP CODE

HIGH SCHOOL ATTENDED

COLLEGE ATTENDED

DEGREE(S) EARNED

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

ADDRESS: STREET/ P.O. BOX / APT. #

ADDRESS: CITY

STATE

ZIP CODE

PHONE: HOME

WORK

MOBILE—CELL

EMAIL ADDRESS:

OCCUPATION/ TITLE

EMPLOYER

EMPLOYER ADDRESS

EMPLOYER CITY

STATE

ZIP CODE

HIGH SCHOOL ATTENDED

COLLEGE ATTENDED

DEGREE(S) EARNED

COMMUNITY, PHILANTHROPIC, OR SOCIAL ORGANIZATIONS

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

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Parent Infant Program for: _____
FIRST NAME (NICKNAME) LAST NAME

About Your Child

Describe pregnancy and birth:

Describe your child?

Breast fed or bottle fed??

Pacifier or attachment objects (like a blanket or stuffed toy)?

Eating habits — When did infant start solids? / Allergies/Food to avoid?

How would you describe your parenting style?

Physical Development—Child development milestones (physical, cognitive, social/ emotional)

Unusual circumstances such a hospitalization, serious illness, divorce, death, moving, extended separation of family members or other situations?

What are your hopes and expectations of your child in this program?

What do you hope to gain as a parent in this program?

Parent Infant Program 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

Additional Information

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

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

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