

Registration Form

Early Childhood Program A Kindergarten Preparatory Experience



Date _____

Male Female

Applicant's Name _____
Last First Middle Preferred

Home Address _____ City, State, Zip _____

Date of Birth _____ Home Phone _____ Ethnicity _____
MM/DD/YY Optional

Family Information

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 E-Mail 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 E-Mail Address _____

Parents Are: () Married () Separated () Father Deceased
 () Divorced () Single Parent () Mother Deceased

Parent/Guardian Name _____ Stepparent Name _____

Parent/Guardian Name _____ Stepparent Name _____

Stepparent, if child has been adopted.

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 E-Mail Address _____

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

Name to whom bills should be sent _____

Address _____ City, State, Zip _____

Siblings:

Name	Age	Grade	Current School

Preschool Previously Attended:

Name	Address	Phone	Dates attended
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Registration: Schedule: (check one that applies)

- () Tuesday and Thursday half days 8:00 am - 12:00 \$347.00 per month
- () Tuesday and Thursday full days 8:00 am - 3:00 pm \$534.00 per month
- () Tuesday, Wednesday, Thursday half days 8:00 am - 12:00 \$520.00 per month
- () Tuesday, Wednesday, Thursday full days 8:00 am - 3:00 pm \$800.00 per month
- () Five half days per week 8:00 am - 12:00 \$867.00 per month
- () Five full days per week 8:00 am - 3:00 pm \$1334.00 per month

Childcare: I am in need of Before Care Services After Care Services

General Information:

Have any relatives attended Rohan Woods? Yes No (If yes, please provide information below)

Name	Class	Relationship
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Who recommended Rohan Woods to you, or what was your source of information?

Print Media TV RWS website Independent Schools of St. Louis Current family Other

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

Please provide any information, medical or non-medical, that will be helpful to us in determining your child's needs.

PARENT/GUARDIAN SIGNATURE *DATE*

PARENT/GUARDIAN SIGNATURE *DATE*

THIS REGISTRATION FORM IS TO BE COMPLETED AND RETURNED TO THE SCHOOL OFFICE WITH A \$75.00 REGISTRATION FEE IN CHECK OR MONEY ORDER MADE PAYABLE TO ROHAN WOODS SCHOOL.