

APPLICATION

					Std	u e	n t						
First Name	Name Middle Name			Last Name				Boy 🗍 D			Date of Birth		Age
									Girl 🗌				
5 D	, , , _□	T//	Street Ad	ldress		City		State	Zip C	ode			<u> </u>
_	dergarten 🔲	111	Oli CCl Au	101000		Only	,	Otato	Zip O	ouc			
	Summer Cam												
Current or previous school, preschool or daycare (Name, Address, Phone No.) how long attended													
Has your child ever been terminated or expelled from any school, preschool or daycare before? Yes No I If yes please explain:													
Thas your online ever been terminated or expensed from any school, preschool or daycare before? Tes [] No [] If yes please explain:													
Requested Start D)ata		(Prescho	nol 8. Su	ımmer Camp	only) M	lookly Sch	adula	M T W T	F 1	ime: From	t	0
				101 Q 01		Offig) V		Julie		<u>' '</u>	iiiie. i ioiii		
What is most important to you in a school?													
Why are you intere	ested in RHS?												
GUARDIAN / MOTHER													
First Name	Middle Name		Last	Name			Education			Се	II Phone No).	
Home Street Addr	ess	City	St	tate		7in	Code			Но	me Phone I	No.	
		0.0	•			,p	••••						
14/ / 0/ / 4 //		0''											
Work Street Address City State Zip Code Work Phone No.								10.					
Name of Employe	r			Оссиј	pation			Ema	ail Address				
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			j										
			G	U A	RDIA	N /	FA	ΤH	E R				
First Name	Middle Name			Name			Education			Ce	ell Phone No) <i>.</i>	
Lloma Ctraat Addr		City	C-	toto		7:-	Codo			11	ome Phone	Mo	
Home Street Addr	ess	City	31	tate		ΖI	Code			П	ome Prione	NO.	
Work Street Addre	ess	City	Sta	ate		Zip	Code			W	ork Phone I	Vo.	
Name of Employe	r			Осси	pation			Fm	ail Address	<u>L</u>			
ao or Employo	•			2000	P 30011				/ 144/000				
Guardian / Mother	r Signature				Date		Guardian	/ Fatl	ner Signature			Date	
	J								- 0				
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PLEASE INCLUDE THE NON-REFUNDABLE \$50 APPLICATION FEE WITH THIS FORM



ENROLLMENT APPLICATION

Student First Name Last Na		Tuition Pay Pla Monthly 📗 ۱	nn: Veekly 🗌	Special Nee	Special Need: Please Attach Explanation					
				Monuny L		Yes				
Grade / Program Place	of Birth (City, S	State, Cou	ntry)		Race		Is Child Ad	opted		
							Yes 🗌	No 🗌		
Age Verification: Birth Certification	Baptismal (Certificate	Phys	sician Record	Passpor	t 🗌				
Family Status of Parents: Married	Single 🗌	Divorced	☐ Sep	parated 📗 Re	married 🗌					
Child is Living with (First & Last Name)					Relationship				
Language other than English spoken	in home			Par	ents First L	anguage				
Name of Brothers and Sis	A	lge		Name of School or Preschool						
Please describe your child's personality, temperament, and distinctive qualities										
List Allergies If Any (FOOD & MEDIC	NE)									
Family Physician's Name	Family Physician's Name Phone No.									
i anny i nysician's ivame					i none iv	0.				
Dentist's Name					Phone N	0.				
Person Authorized to Pickup		Relationship to Student			Phone No.					
		reductionship to diddent			T HOHE IV					
		In Case	of Emerg	gency Contact Pe	erson	<u>j</u>				
Name		Phone No.			Relationship					
Guardian / Mother's Signature Date				Guardian / Fath	er's Signat	ure	Date			
	Director Re	view			Princir	pal Review		<u> </u>		
Do not write in this section	255(6) 7(6)									