



ROYAL MONTESSORI ACADEMY

Where Learning Begins

Application for Admission

Royal Montessori Academy admits students of any race, color, national and ethnic origin to all the rights privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs. There is a **\$75.00 non-refundable registration fee** at time of registration for each student.

Student Information

Child's Full Name			
Address			
City / State / Zip			
Date of Birth			
Male / Female (Circle One)	Male	Female	
Program Applying For			

Parent/Guardian Information

Mother's Name			
Address			
City / State / Zip			
Home Phone or Cell Phone			
Employer			
Work Phone			
Email Address			

Father's Name			
Address			
City / State / Zip			
Home Phone or Cell Phone			
Employer			
Work Phone			
Email Address			

Additional Information

How did you hear about RMA?	
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Office Use Only

Date Application Received	
Staff Received By	
Key Card #'s Given	
Registration Fee Paid	
Check Number	
West or East Campus	

www.RoyalMontessoriAcademy.com

680 Cormier Road
Green Bay, WI 54304

Phone: 920.499.8900
Fax: 920.499.8902



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Emergency Contact

In the event that there is an emergency with your child and you cannot be reached please indicate who you would like Royal Montessori Academy to contact.

Name			
Relationship to the child			
Address			
City / State / Zip			
Employer			
Home Phone or Cell Phone			
Work Phone			
Authorization to pick up your child?			

Name			
Relationship to the child			
Address			
City / State / Zip			
Employer			
Home Phone or Cell Phone			
Work Phone			
Authorization to pick up your child?			

Medical Information

Pediatrician's Name	
Pediatrician's Phone Number	
Hospital Preference	

Please list any allergies your child has and medication/care requirements below:

Allergy	Medications & Special Care Needed

Please answer below about your child's health history. If yes, please explain in the space provided.

Has your child had any serious illnesses or accidents?	Yes	No	
Has your child ever been hospitalized? If yes, please explain.	Yes	No	
Does your child have any breathing concerns? If yes, please explain.	Yes	No	