Enrollment Form
Raab Montessori Academy

Child #1
Child's Name:

Child's Age:

Child's Date of Birth:

Enrollment Period (Summer and/or School Year):

<u>Summer</u>
Program Option (Half Day, Full Day, Extended Hours):

Desired Days:

<u>School Year</u>
Program Option (Half Day, Full Day, Extended Hours, Kindergarten):

Desired Days:

Child #2
Child's Name:

Child's Age:

Child's Date of Birth:

Enrollment Period (Summer and/or School Year):

<u>Summer</u>
Program Option (Half Day, Full Day, Extended Hours):

Desired Days:

<u>School Year</u>
Program Option (Half Day, Full Day, Extended Hours, Kindergarten):

Desired Days:

*Is your child on a waitlist at OCPS or another program that may alter their enrollment commitment at RMA

This will not deem your child ineligible for enrollment at RMA, but will allow us to plan in advance