

ROCKVILLE ROMPERS PRESCHOOL CHILD DEVELOPMENT PROGRAM ROCKVILLE HIGH SCHOOL 2100 Baltimore Road Rockville, MD 20851 240-740-6585

The Rockville Rompers Preschool will now only be accepting children who have turned 4 on or before September 1st. Children are accepted into the program on a first come, first serve basis. Once the program becomes full, children will be placed on a waitlist. In addition, they must be potty trained. Each child must have a completed health inventory and complete immunization record before school begins.

Applications are accepted any time on or after April 1st. A \$100.00 nonrefundable deposit is to be included with the completed application. We will not be able to reserve a space without the deposit. The tuition cost is \$225.00 per semester with the deposit applied to the first semester, if accepted. The fall semester runs from early October through the end of January and the spring semester runs from the beginning of February through the beginning of June. Any parent who has a problem paying the full tuition at one time is to contact Ms. Boyd to make other arrangements. Kelsey m Boyd@mcpsmd.org

The preschool follows the same curriculum as the Montgomery County pre-K classes. The preschool meets on **Monday, Tuesday, Thursday, and Friday** from 8am to 11:10am. We follow the same schedule as Montgomery County Public Schools.

Please fill out the attached application COMPLETELY and return to Kelsey Boyd at the address listed above. We look forward to working with you and your child in their first school experience.

PRESCHOOL APPLICATION

Child's Name			
First	Middle		
Name preferred to be called Ag	e as of Sept. 1st	years	mons.
Sex Birthplace	Birthdate		
Home Address			
Home Address Street and Number	City	State	Zip
Siblings names and ages:			
Home Phone			
E-mail Address			
Mother's Name	Work Phone		
	Cell Phone		
Father's Name	Work Phone		
	Cell Phone		
Mother's Occupation			
Father's Occupation			
Ethnic or Cultural Background			
Language Spoken at Home			
The child lives with: parents mother father	r grandparents fo	ster parents	
Favorite games, toys, activities			
Food Allergy/Restrictions			
Food Dislikes			
Previous School Experience (preschool)			
Previous Informal Group Experiences (Sunday School)			
In case of an EMERGENCY contact:			
Name	Phone Number		
Doctor's Name			
Any Special Health Problems or Disabilities			

BELOW, PLEASE WRITE A BRIEF DESCRIPTION OF YOUR CHILD'S HOME LIFE AND EARLY EXPERIENCES. THIS WILL GREATLY AID US IN PLANNING FOR YOUR CHILD.

Submit this form with the \$100.00 non refundable deposit to hold the space for your child.