

ROCKVILLE ROMPERS PRESCHOOL

CHILD DEVELOPMENT PROGRAM

ROCKVILLE HIGH SCHOOL

2100 Baltimore Road

Rockville, MD 20851

240-740-6585

Children are accepted in the Rockville Rompers Preschool program on a first come, first serve basis. All children must be four years or three years of age by September 1st. In addition, they must be potty trained.

Each child must have a completed health inventory and complete immunization record before school begins.

Parents are responsible for getting the child to school. Parents must sign their child in and out.

Parents must provide a complete list of all persons who may be responsible for picking up their child. In an emergency, parents are asked to send a note or to make a phone call indicating who will come for the child.

**Applications are accepted any time on or after April 1st**. A $100.00 nonrefundable deposit is to be included with the completed application to hold the space. The Four-year-old program is $225.00 per semester and the Three-year-old program is $225.00 per semester with the deposit applied to the first semester. The fall semester runs from the middle of October through the middle 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. James or Ms. Boyd to make other arrangements.

Ms. Julie James one of the high school and preschool teachers in charge of the program. She has been at Rockville High School for 24 years. She holds a BS degree in Home Economics Education and a MA degree in Guidance and Counseling. She has three children of her own, a 30 year old son, a 26 year old daughter, and a 22 year old daughter.

Ms. Kelsey Boyd is the other high school and preschool teacher in charge of the program. She has been at Rockville for 2 years. She holds a BS in Family Sciences and was a preschool teacher for 5 years prior to coming to RHS. She is a Rockville alumni and went through all four years of the Child Development program during her high school career.

The preschool follows the same curriculum as the Montgomery County pre-K classes. The preschool meets on Monday, Tuesday, Thursday, and Friday. We follow the same schedule as Montgomery County Public Schools.

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

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**PRESCHOOL APPLICATION**

Child’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 First Middle Last

Prefers to be called \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age as of Sept. 1st \_\_\_\_\_years \_\_\_\_\_mons.

Sex \_\_\_\_\_ Birthplace \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 grandparents foster 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any Special Health Problems or Disabilities \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ON THE REVERSE SIDE, 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 nonrefundable deposit to hold the space for your child.*