

Toddler Application

Child's full name and nickname

Date of Birth

Gender

Parent's/Guardian's Names

Home Address

School District

Home Phone

Occupation and Title

Work Phone

Email

Occupation and Title

Work Phone

Email

With whom does child live?

Child's current school

Current grade

Dates attended

Names and ages of siblings

Where do they attend school?

Application for what school year (check one):

- 2009-10
 2010-11

Applying to:

- 4 Morning – 8:30-11:45 am
 4 Full Day – 8:30-3:15 pm
 5 Morning – 8:30-11:45 am
 5 Full Day – 8:30-3:15 pm

How did you learn about Ruffing Montessori School's Toddler Community?

Describe your child's personality?

Does your child use language to express him or herself?

Is your child's speech easily understood by others?

Has your child participated in any classes, playgroups, or other organized group activities?

What types of activities does your child enjoy?

How much time does your child spend with other children?

Is your child exposed to foreign language at home?

What educational goals do you have for your child and how do you see Ruffing Montessori School facilitating these goals?

Please provide the names of current or former Ruffing families that you know.

To what other schools are you applying on behalf of your child?

Please use this space to share information that would provide additional insight into your child and which you believe would be helpful during the admission process.

Parent/Guardian Signature

Date

Please remit this application along with the \$25 non-refundable application fee to:

Director of Admissions
Ruffing Montessori School
3380 Fairmount Boulevard
Cleveland Heights, Ohio 44118

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