



Application for Preschool Admission

Requesting a spot beginning in - Month: _____, Year _____

To be complete, this application must be submitted with a \$50 non-refundable application fee.

Child must be a minimum of 3 years old and fully potty-trained on their first day of preschool.

Please indicate preference (1st/2nd/3rd): 5 days _____ 3 days (M/W/F only) _____ 2 days (T/Th only) _____

Child's Full Name _____
Last First Middle Preferred Name

Date of Birth _____ Gender _____ Child lives in: 1 household _____ 2 households _____

Child lives with: _____

Parents/Guardians: Married _____ Divorced _____ Separated _____ Deceased _____ (who?) _____

Applicant is: White _____ African-American _____ Asian _____ Hispanic _____ Other: _____

Parent/Guardian: You must disclose information regarding all adults who have legal rights to this child.

Who accepts financial responsibility for school expenses?*

Mother _____ Father _____ Both _____ Other: _____

Parent/Guardian _____ Parent/Guardian _____

Street Address _____ Street Address _____

City/State/Zip _____ City/State/Zip _____

Email _____ Email _____

Cell Phone _____ Cell Phone _____

Work Phone _____ Work Phone _____

Landline _____ Landline _____

Occupation _____ Occupation _____

Employer _____ Employer _____

* Note: The only tuition assistance available at RCS at the preschool level is through Buncombe County Childcare Services. Please contact BCCS at 828-250-5500 for details on how to apply for Childcare Vouchers.

I am interested in Preschool only _____, Preschool- Kindergarten _____,
Preschool- Elementary grades _____, Preschool- 8th grade _____.

RMCS welcomes families of all races, nationalities, creeds, religions, sexual orientations, and social and economic backgrounds.

How did you hear of RCS?

Website _____ Facebook _____ Word-of-Mouth _____ Ad in: _____

Flyer posted at _____ Other: _____

I've/We've had another child attend RCS _____

I know a current/alumni RCS family. Name(s): _____

Has your child had day care and/or preschool experience? Yes _____ No _____

Phone Number: _____ Primary Teacher/s _____

Name of Preschool / Day Care Center	City and State	Attended: Days Per Week & Hours Per Day

Have you been dissatisfied with your child's day care or preschool experience? If yes, please explain.

Has your child's hearing and vision been checked in the past year by a licensed physician? Yes ___ No ___

Has your child been recommended to receive early childhood intervention services? Yes _____ No _____

Has your child been diagnosed or do you suspect they may have a need for special services? (ADHD, Autism ASD, Asperger's, etc)? Yes _____ No _____ If Yes, please explain: _____

Please list name, gender, grade and current school for all other children in your family:

Child's Name	Name of School	Grade	Gender

Maternal Grandparents:

Paternal Grandparents:

Name/s _____ Name/s _____

Street Address _____ Street Address _____

City/State/Zip _____ City/State/Zip _____

Email _____ Email _____

I certify that all information that I have provided on this application is accurate.

Parent/Guardian Signature _____ Date _____

Reviewed by PS Director or Exec. Direc. _____ Date _____