



THE  
RIVER  
SCHOOL

FOR OFFICE USE ONLY

Date Rec'd: \_\_\_\_\_  
 Check #: \_\_\_\_\_  
 Amount: \_\_\_\_\_  
 Other: \_\_\_\_\_

### APPLICATION FOR ADMISSION

Your child's full name \_\_\_\_\_ Date of Birth \_\_\_\_\_

The name your child is called \_\_\_\_\_ Gender \_\_\_\_\_

Program/Grade Applying to (please check one and refer to "Class Schedule and Fees" for additional information)

Toddler (18M-2Y) T/Th AM	Toddler (2-2.5Y) M/W/F AM	Morning Preschool (2.5-3.5Y) M-F; AM/ Full-day Option	Full-day Preschool (3.5Y) M-F	Pre-K 4Y by Sept. 1	K 5Y by Sept. 1	1 <sup>st</sup> Grade	2 <sup>nd</sup> Grade	3 <sup>rd</sup> Grade

### FAMILY INFORMATION

Parent/Guardian's Name

\_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Title \_\_\_\_\_

Employer \_\_\_\_\_

Employer Address \_\_\_\_\_

\_\_\_\_\_

Business Phone \_\_\_\_\_

Fax \_\_\_\_\_

Parent/Guardian's Name

\_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Title \_\_\_\_\_

Employer \_\_\_\_\_

Employer Address \_\_\_\_\_

\_\_\_\_\_

Business Phone \_\_\_\_\_

Fax \_\_\_\_\_

Other children in your family:

Name	Date of Birth	Gender	School Attending
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Other people living in your household:

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Other schools or programs your child has attended, including the program your child is currently attending:

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Year \_\_\_\_\_

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Year \_\_\_\_\_

Other group experiences your child has had:

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**PERSONAL CHARACTERISTICS**

Describe your child's strengths and interests:

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Describe any individualized support your child would benefit from:

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Describe your goals for your child's school experience:

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What is your child's primary language or means of communication? \_\_\_\_\_

Is your child learning other languages? \_\_\_\_\_ Which languages? \_\_\_\_\_

**HEALTH HISTORY**

Describe any unusual factors, or special circumstances, during the pregnancy and birth of your child:

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At birth, did your child breathe easily?

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Describe any concerns that you have had regarding your child's development, such as:

Sucking and/or swallowing \_\_\_\_\_

Sleeping \_\_\_\_\_

Sitting up \_\_\_\_\_

Standing \_\_\_\_\_

Walking \_\_\_\_\_

Ability to see well \_\_\_\_\_

Other developmental factors \_\_\_\_\_

If your child has been seen for any evaluations, please attach copies of the reports.

Describe any hospitalizations, illnesses, or injuries your child has experienced since birth:

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Does your child take any medications on a regular basis? \_\_\_\_\_

Please describe: \_\_\_\_\_

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Does your child have any allergies? \_\_\_\_\_ If yes, to what? \_\_\_\_\_

Does your child wear glasses? \_\_\_\_\_ At what age were they fitted? \_\_\_\_\_

Has your child had any ear infections? If so, how have they been treated? \_\_\_\_\_

## COMMUNICATION ABILITIES

Please rate your child's communication skills.

	0=not observed at this time	1= Never	2=Occasionally	3=Frequently	4=Always
Understands words and routine phrases in familiar situations	0	1	2	3	4
Understands words and phrases in new or unfamiliar situations	0	1	2	3	4
Understands gestures	0	1	2	3	4
Uses gestures or body language to communicate	0	1	2	3	4
Uses speech to communicate	0	1	2	3	4
Is understandable to familiar listeners	0	1	2	3	4
Is understandable to unfamiliar listeners	0	1	2	3	4
Uses single words	0	1	2	3	4
Uses word combinations and/or sentences	0	1	2	3	4

Please provide us with some examples of your child's spoken language:

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How did you hear about The River School? Please check one and provide additional information below:

Friend/Word of Mouth       Print Publication       Internet

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Would you like to receive financial aid information?

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The admission process includes a Parent Tour of the school and a play visit with your child. Please let us know the best way and time to reach you to schedule these.

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Please enclose a **non-refundable application fee of \$50** and send to:

The River School  
4880 MacArthur Boulevard, NW  
Washington, DC 20007

Thank you for taking the time to complete this application. The information you have provided will be treated confidentially following HIPAA guidelines and will greatly assist us in getting to know both you and your child.

Name of person filling out application \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

*The River School does not discriminate on the basis of race, color, national and ethnic origin, gender, or religion in the administration of its educational policies, admission policies, scholarship programs and other school administered programs.*