



Office Use Only
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Check No.
Wait List

215 W Montgomery Ave, Rockville, MD 20850 • 301-762-1293 • www.rpcns.org*

STUDENT APPLICATION FORM – 2008/2009

Child's Name: _____ Sex: Female Male
Date of Birth: _____ Nickname: _____
Address: _____ Home Phone: _____
_____ Zip Code: _____
Parents' Names: _____

Child to be enrolled in:

- _____ 2 Year Old Program (two days/week & child must be two by 9/1/08)
Tuition: \$170 per month*
- _____ 3 Year Old Program (three days/week & child must be three by 9/1/08)
Tuition: \$225 per month*
- _____ 4 Year Old Program (five days/week & child must be four by 9/1/08)
Tuition: \$280 per month*

*Tuition rates for School Year 2007-08—subject to change.

Please check below if applicable:

- _____ Interested in using the Sibling Nursery
- _____ Members of the Rockville Presbyterian Church
- _____ Siblings have attended in the past (please give names and dates):

How did you find out about RPCNS? _____

Please enclose \$75 application fee for one child or \$125 for two or more children. Make check payable to RPCNS. This application fee is not refundable or applicable to tuition. There is a \$25 returned check fee. Non-refundable tuition deposit is due by May 1, 2008, or, if applying during summer, within two weeks of receiving a letter of acceptance.

RPCNS does not practice discrimination based upon race, color, religion, or national origin in the admission of students or the employment of faculty and administrative staff.