



The Lillian and Betty

**Ratner Montessori School**  
Curious. Creative. Caring.

**Application for Admission**  
Toddler Program  
and Children's House

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## **Program Interest**

Please indicate the Montessori Pre-Primary Program for which you are submitting an application.

### **Toddler Program (20 months – 3 years)**

Toddler Mornings: 8:30am – 11:30am

- 5 Mornings: Monday – Friday
- 4 Mornings (Monday - Thursday)

Toddler All Day: 8:30am – 3:30pm

- 5 Full Days: Monday – Friday
- 5 Mornings and 4 Afternoons (days must be consecutive)
- 5 Mornings and 3 Afternoons (days must be consecutive)

### **Children's House (3 – 6 Year Olds)**

- 3 – 4 Year Olds Mornings: Monday – Friday, 8:30am – 11:30pm
- 3 – 4 Year Olds Extended Days: 5 Mornings (Monday – Friday, 8:30am – 11:30pm)  
PLUS 3, 4, or 5 Full Afternoons (11:30pm – 3:30pm)
  - 3 Afternoons (days must be consecutive)
  - 4 Afternoons (days must be consecutive)
  - 5 Afternoons: Monday - Friday
- Kindergarten: Monday – Friday, (8:30am – 3:30pm)

# The Lillian and Betty Ratner Montessori School

## Application for Admission

Please complete this application and return with a \$50 non-refundable application fee.

PLEASE ATTACH A RECENT  
PHOTO OF YOUR CHILD

\_\_\_\_\_  
Day                      Month                      Year

### Applicant

\_\_\_\_\_  
STUDENT'S NAME                      BIRTHDATE                      AGE                      GENDER

\_\_\_\_\_  
HOME ADDRESS                      HOME PHONE

\_\_\_\_\_  
CITY                      ZIP

### Parents/Guardians

#### PARENT/GUARDIAN 1

Check one:  Mr.  Mrs.  Ms.  Dr.

\_\_\_\_\_  
NAME

\_\_\_\_\_  
HOME ADDRESS                      HOME PHONE                      CELL PHONE

\_\_\_\_\_  
CITY                      ZIP                      EMAIL

\_\_\_\_\_  
BUSINESS NAME AND ADDRESS                      OCCUPATION/TITLE

\_\_\_\_\_  
BUSINESS PHONE                      BUSINESS EMAIL

#### PARENT/GUARDIAN 2

Check one:  Mr.  Mrs.  Ms.  Dr.

\_\_\_\_\_  
NAME

\_\_\_\_\_  
HOME ADDRESS                      HOME PHONE                      CELL PHONE

\_\_\_\_\_  
CITY                      ZIP                      EMAIL

\_\_\_\_\_  
BUSINESS NAME AND ADDRESS                      OCCUPATION/TITLE

\_\_\_\_\_  
BUSINESS PHONE                      BUSINESS EMAIL

# Family Information

Parents are:       Married       Divorced       Separated       Widowed       Single

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PLEASE DESCRIBE ANY CUSTODY OR GUARDIANSHIP ARRANGEMENTS

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WAS CHILD ADOPTED?

IF YES, AT WHAT AGE?

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STUDENT'S (APPLICANT'S) PREVIOUS SCHOOLS

DATES ATTENDED

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SIBLING NAME(S)

AGE

SCHOOL ATTENDING

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## Parent/Guardian Survey

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WHAT ATTRACTS YOU TO A MONTESSORI EDUCATION?

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WHAT ARE YOUR EDUCATIONAL GOALS FOR YOUR CHILD AND HOW DO YOU ENVISION THE RATNER SCHOOL HELPING YOU TO MEET THESE GOALS?

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WHERE DO YOU SEE YOUR CHILD IN 3 YEARS? 6 YEARS?

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# Applicant Information

HAS YOUR CHILD EVER BEEN REFERRED FOR OR RECEIVED AN EDUCATIONAL, SPEECH-LANGUAGE, OCCUPATIONAL/PHYSICAL, PSYCHOLOGICAL, OR MENTAL HEALTH EVALUATION?

Yes       No

IF YES, WHICH OF THE ABOVE? \_\_\_\_\_ DATE(S) \_\_\_\_\_

PLEASE DESCRIBE ANY SPECIAL CLASSROOM ACCOMMODATIONS, EITHER ACCELERATED OR REMEDIAL, THAT HAVE BEEN PUT IN PLACE FOR YOUR CHILD.

HAS THERE EVER BEEN A NEED FOR ONGOING MEDICATION OR MEDICAL CARE FOR YOUR CHILD? Please specify.

PLEASE SHARE ANY ADDITIONAL INFORMATION YOU WOULD LIKE US TO KNOW ABOUT YOUR CHILD OR YOUR FAMILY THAT WOULD HELP US EMPOWER YOUR CHILD TO THRIVE.

I/We hereby state that the information contained herein is true and complete. I/We have not knowingly omitted any pertinent information regarding my/our child's academic, medical or behavioral history.

SIGNATURE – PARENT/GUARDIAN 1

DATE

SIGNATURE – PARENT/GUARDIAN 2

DATE

*The Ratner Montessori School does not discriminate on the basis of race, color, religion, national or ethnic origin, or sexual orientation in the administration of its admission policies or financial aid program.*

Please contact the Enrollment Management Office for further information:  
Director of Enrollment Management | 216 464 0033 ext.1120 | [admissions@theratnerschool.org](mailto:admissions@theratnerschool.org)



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27575 Shaker Boulevard | Pepper Pike, OH | 44124  
t 216 464 0033 | f 216 464 0031 | [www.theratnerschool.org](http://www.theratnerschool.org)