



Sun and Stars Montessori School

Application for Admission

Application Date	Academic Year	Date Received (office use)	
Name of Child		Desired Schedule Days / hrs	
		Suns	
Date of Birth	<input type="checkbox"/> M <input type="checkbox"/> F	Stars	
		Little Dippers	
First day of school age _____ yrs _____ mo		<input type="checkbox"/> Extended Care requested 3-5pm	

<input type="checkbox"/> My child was previously enrolled. The information on file is correct and our contact information is the same.
<input type="checkbox"/> My child was enrolled previously, but some information needs to be updated. Please make the following changes to our file:
<input type="checkbox"/> My child is a new student and pg 2 is complete
Considerations/notes:

Parent Signature _____

Date _____

Parent Name
Pronouns (opt)
Address
City / State / Zip
Home Phone
Cell Phone
E-Mail
Occupation
Employer
Address
Phone

Parent Name
Pronouns (opt)
Address
City / State / Zip
Home Phone
Cell Phone
E-Mail
Occupation
Employer
Address
Phone

Is your child toilet trained? _____ If so, at what age was this accomplished? _____

Has your child attended school or daycare before? _____ If so, please list other school(s) or daycare(s):

School / daycare	Years attended	Hours per day / days per week

Is your child regularly cared for by someone other than parents? _____

By whom? _____ What portion of the day? _____

At home? _____ If not, where? _____

List other members of the household (siblings, grandparents, nanny):

Name	Relationship to Child