



SUNRISE MONTESSORI SCHOOL

where children rise and shine!

Application for Admission

This Application is the first step in the enrollment process and does not ensure Enrollment. Applying is free of charge.

Application Date: _____

Enrollment preferences: Fall, Year _____ Other Start Date: _____

Application Information

Child's full name _____ Birth date: _____

Age _____ Gender _____ Birthplace _____

Home Address _____

City _____ State _____ Zip _____ Primary Phone _____

Family Information

Mother/Parent #1 Name: _____ Father/Parent#2 Name: _____

Home Address: _____ Home Address: _____

Occupation: _____ Occupation: _____

Employer: _____ Employer: _____

SSN: *(do not fill out if emailing)* _____ SSN: *(do not fill out if emailing)* _____

Work Phone: _____ Work Phone: _____

Home / Cell Phone: _____ Home / Cell Phone: _____

Email: _____ Email: _____

Child Lives with: Mother Father Stepmother Stepfather Guardian

Names of Stepparent(s)/Guardian(s) _____ Two Household Child _____

Correspondence should be sent to: Both Parents Mother Father Guardian

Name(s) & age(s) of sibling(s): _____

School Attendance Preference

3 Days

4 Days

5 Days

Monday

Tuesday

Wednesday

Thursday

Friday

Flexible

Half Day: 8:45am ~12:00pm

Full Day: 8:45am ~ 3:00pm 1 ~ 3PM choose one: Nap PMGroup 4+yr olds (check with Office)

Extended Care AM:7:45am~8:45am Lunchtime:12~12:50/1pm Extended Care PM: 3pm~5:30pm

Projected Schedule: Arrival Time _____ Departure Time _____ Notes: _____

Special Request Notes (pending approval with Admissions): _____

How were you referred to Sunrise Montessori School? (Please be specific):

Current Sunrise Montessori Family: _____

Former Sunrise Montessori Family: _____

Sunrise Montessori School Staff: _____

Website: _____

Other: _____

Other Information

We do our best to incorporate cultural elements from all of our families, this enriches all of our lives and teaches the students about the many ways of doing things around the world.

Country of Origin: _____

USA State of Origin: _____

Languages spoken: _____

Cultural Music/Art/Cooking/Handicrafts you do: _____

Celebrations Observed (religious or otherwise) in your family: _____

For School Use:

Date: _____ Check# _____ Amount: _____

Signed: _____



Parent Questionnaire

Part 1

Child's Name: _____ Date of Birth: _____

Are there other adults present daily in your child's home or providing regular care to your child?

Yes No

If so, please provide their names and relationships to your child:

How does your child interact with family members?

Was there anything unusual about your child's birth? Yes No

If so, please describe: _____

Has child had serious illness, accident or handicap? Yes No

If so, please describe: _____

Is that condition still a factor in the child's life? Yes No

If so, is the child aware of it? Yes No

Does child have allergies or health concerns or restrictions? Yes No

If so, please describe: _____

Does child take any medications on a regular basis? Yes No

If so, please describe: _____

What time does the child awaken? _____ Nap? _____ Retire? _____

Any concerns about the child's diet/eating habits? Yes No

If so, please describe: _____

Have there been any traumatic/significant events in child's life? Yes No

If so, please describe: _____

Are there recent stresses for child (move, sibling, divorce, etc)? Yes No

If so, please describe: _____

Part 2

How do you think our school's program will benefit your child? _____

How familiar are you with Montessori? Not familiar Somewhat Very

What was child's response to previous group experiences? _____

Please describe child's personality? _____

Please describe any particular fears child has: _____

How are they manifested and best addressed? _____

Part 3

Please list the following: _____

Child's responsibilities at home: _____

Most effective means of discipline for child: _____

How child spends unstructured time: _____

Favorite toys and activities: _____

Favorite activities when with others: _____

Social opportunities outside school: _____

How child typically socializes with peers: _____

Average hours you spend specifically and exclusively with child daily: _____

Frequency with which you read to child: _____

Average hours of television watched daily: _____ Restrictions on viewing: _____

Types of viewing child prefers: _____

Part 4

What is your child's learning style? _____

Please list a few words in each category to describe your child:

	Area of Strength	Area for Growth
Social		
Emotional		
Physical		
Creative		
Academic		

Additional comments: _____

Questions you would like to address: _____

Signature of Parent

Date

Signature of Parent

Date