



# Sunset Montessori Preschool



## APPLICATION FOR ADMISSION

Name of Child \_\_\_\_\_ Birth date \_\_\_\_\_ Gender \_\_\_\_\_

Date of Desired Admission \_\_\_\_\_ Today's Date \_\_\_\_\_

Program applying for:  5 Half-day Program  5 Full-day Program

Home Address \_\_\_\_\_

City \_\_\_\_\_ Zip code \_\_\_\_\_

Siblings: Name(s) \_\_\_\_\_ Age(s) \_\_\_\_\_ Gender \_\_\_\_\_

### Parent/Guardian #1

Name \_\_\_\_\_

Home Address \_\_\_\_\_

City and Zip \_\_\_\_\_

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

Cell Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

E-mail \_\_\_\_\_

Name of business \_\_\_\_\_

Occupation \_\_\_\_\_

Signature \_\_\_\_\_

### Parent/Guardian #2

Name \_\_\_\_\_

Home Address \_\_\_\_\_

City and Zip \_\_\_\_\_

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

Cell Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

E-mail \_\_\_\_\_

Name of business \_\_\_\_\_

Occupation \_\_\_\_\_

Signature \_\_\_\_\_

Please describe your child's previous childcare or other activities since birth?

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Do you have any experience with Montessori education?

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Please describe your child's personality and learning style?

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Please describe child's special interests/qualities:

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How does your family enjoy spending time together?

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How do you discipline your child?

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List any allergies or medical problems your child has?

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Has your child received or receiving special tutoring, counseling, or therapy?

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What do you expect our school to do for your child?

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How did you hear about us?

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***\*Please return your application with a photo of your child and \$100 Non-Refundable Application fee. Thank you!***

1432 N. Sycamore Ave, Los Angeles, CA 90028  
Phone: (323) 465-8133  
Fax: (323) 461-1614  
[www.sunsetmontessori.com](http://www.sunsetmontessori.com)

4212 Tujunga Ave, Studio City, CA 91604  
Phone (818) 623-0913  
Fax: (818) 623-0914  
[sunsetmontessori@yahoo.com](mailto:sunsetmontessori@yahoo.com)

