



Sunset Montessori Preschool



APPLICATION FOR ADMISSION

Name of Child _____ Birth date _____ Gender _____

Date of Desired Admission _____ Today's Date _____

Program applying for: 2 Day Program 3 Day Program 5 Day Program
 Half-day Program (until 1:45pm) Full-day Program (until 4:30pm)

Home Address _____

City _____ Zip code _____

Siblings: Name(s) _____ Age(s) _____ Gender _____

Parent/Guardian #1

Name _____

Home Address _____

City _____ Zip _____

Home Phone # _____

Cell Phone # _____ Work Phone # _____

E-mail _____

Name of Business _____

Occupation _____ Signature _____

Parent/Guardian #2

Name _____

Home Address _____

City _____ 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?

Do you have any experience with Montessori education?

Please describe your child's personality and learning style?

Please describe child's special interests/qualities:

How does your family enjoy spending time together?

How do you discipline your child?

List any allergies or medical problems your child has?

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

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

How did you hear about us?

****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

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

