



Sunset Montessori Preschool



APPLICATION FOR ADMISSION

Name of Child _____ Birth date _____ Gender _____

Date of Desired Admission _____ Today's Date _____

Location: Hollywood Studio City

Program applying for: 2-day Program 3-day Program
 5-day Program Half Day (8:00-2:00) 5-day Full Day (8:00-5:00)

Home Address _____

City _____ Zip code _____

Siblings: Name _____ Age _____ Gender _____

Parent/Guardian #1

Name _____

Home Address _____

City and Zip _____

Home phone # _____

Cell phone # _____

Work phone # _____

E-mail _____

Name of business _____

Business address _____

Occupation _____

Signature _____

Parent/Guardian #2

Name _____

Home Address _____

City and Zip _____

Home phone # _____

Cell phone # _____

Work phone # _____

E-mail _____

Name of business _____

Business address _____

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!***

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