Sunshine Montessori School

1321 Miller Avenue
San Jose, CA 95129
408-996-0856

APPLICATION FOR ADMISSION

Child's Name: _____
Last First Middle ( ) GIRL ( ) BOY

Date of Birth: _____
Month Day Year

Home Address: _____
Number Street City Zip

Last School Attended: _____ Date: _____

Special Considerations: _____
(Allergies, Diet, Physical, Health, Custody, etc.)

PLEASE SELECT A PROGRAM:

Choose one:	**( ) Pre-School / Pre-K / K**	**( ) Chinese Bilingual Pre-School / Pre-K / K**	
Choose one:	**( ) Full Time 7:00-6:00**	**( ) Happy Bear 8:00-5:00**	**( ) School Day 9:00-3:00**
	( ) AM 9:00-11:50	**( ) PM 12:30-6:00**	
Choose one:	**( ) Monday-Friday**	**( ) Monday/Wednesday/Friday**	**( ) Tuesday/Thursday**

PARENT INFORMATION

Parent A **Please Check**: ( )Dr. ( )Mr. ( )Mrs. ( )Ms. ( )Miss ( )Parent ( )Step Parent ( )Legal Guardian
Name: _____ Home Phone: _____ Cell phone: _____
Home Address: _____
Driver's License # _____ Email: _____
Occupation: _____ Employer Name: _____
Business Address: _____ Work Phone: _____

Parent B **Please Check**: ( )Dr. ( )Mr. ( )Mrs. ( )Ms. ( )Miss ( )Parent ( )Step Parent ( )Legal Guardian
Name: _____ Home Phone: _____ Cell phone: _____
Home Address: _____
Driver's License # _____ Email: _____
Occupation: _____ Employer Name: _____
Business Address: _____ Work Phone: _____

Siblings
Name: _____ Age: _____ School: _____
Name: _____ Age: _____ School: _____
Name: _____ Age: _____ School: _____

I/We, the parent(s) or legal guardian(s) of the child named above am/are herby making application for this child to participate in the programs of Sunshine Montessori School. All enrollment applications are subject to approval and placement is not guaranteed until a $150.00 (non-refundable) registration fee and deposit has been paid and the admission agreement has been signed. A service charge of $40 will be imposed for any returned check. I/We grant authority to Sunshine Montessori School to verify the information provided above.

Parent(s) Signature: _____ **Date**: _____

For Office Use ONLY: Starting Date: _____ Room #: _____
Enrollment Received Date: _____ Received by: _____
Deposit $ _____Check # _____ Payment Date: _____ Invoice #:_____
Registration fee $_____ Check # _____ Payment Date: _____ Invoice #:_____
Bilingual Books Fee $_____ Check #_____ Payment Date: _____ Books R'cvd Date: _____
The Child has a sibling(s) attending Sunshine Montessori School Y/N Room # _____ Discount: _____

Revised 09/21/2012