



Admissions Application 202 - 202

Child's Information

First Name: _____ Middle: _____ Last: _____

Home Address: _____

Sex: _____ Date of Birth: _____ Desired Start Date: _____

Parent's Information

First Name: _____ Last: _____

Home Address: _____

Home Phone: _____ Cell: _____ Business #: _____

Email Address: _____

Parent's Information

First Name: _____ Last: _____

Home Address: _____

Home Phone: _____ Cell: _____ Business #: _____

Email Address: _____

Please Note: There is a \$100.00 non-refundable application fee. A check must be submitted with this application to be considered for enrollment; checks should be made payable to Sunshine Montessori. Once you are accepted into our program, a deposit is required to hold your spot. The deposit is one month's tuition due within 10 days of program acceptance.

Parent Signature _____ Date _____

Printed Name _____