



# Sundance Montessori School

## Enrollment Application

\_\_\_\_\_  
**Child's Name** (please print clearly)

\_\_\_\_\_  
Birthdate

\_\_\_\_\_  
Current Age

Female     Male

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip

**PLEASE COMPLETE:**

Applying for \_\_\_\_\_ School Year

**Program Applying for:**

\_\_\_\_ Early Childhood  
\_\_\_\_ Early Childhood Kindergarten  
\_\_\_\_ Lower Elementary

\_\_\_\_ Will need extended care contract

\_\_\_\_ Sibling of current Sundance student

\_\_\_\_ Place siblings together    \_\_\_\_ Place separately

\_\_\_\_\_  
**Parent/Guardian Name**                      Work Phone                      Home Phone                      Company/Profession

\_\_\_\_\_  
**Parent/Guardian Name**                      Work Phone                      Home Phone                      Company/Profession

Check those that apply:     Married Parents     Parents separated     Parents divorced     Single parent     Domestic partners

\_\_\_\_\_  
With whom is the child living?                      Who is the legal guardian?

Last three schools attended: 1) \_\_\_\_\_ 2) \_\_\_\_\_

3) \_\_\_\_\_ Current Grade Level \_\_\_\_\_

**What is your best estimate for how long you plan to stay at Sundance?** (Check all that apply)

Early Childhood Program, 3-4 year olds     Early Childhood Program, Kindergarten (5-yr olds)

Lower Elementary 6-9 year olds

**FOR OFFICE USE ONLY**

Date Application Submitted \_\_\_\_\_ Payment Rec'd \_\_\_\_\_ Letter Sent \_\_\_\_\_

**(Continued on back⇒)**

**How did you hear about Sundance Montessori School?**

Phone Book             Word of Mouth             Ad:(Source) \_\_\_\_\_

Sundance Parent (name) \_\_\_\_\_  Other (explain) \_\_\_\_\_

**Has your child ever been suspended or expelled?**     Yes             No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Ethnicity (optional): \_\_\_\_\_

Primary Language: \_\_\_\_\_            Other languages spoken: \_\_\_\_\_

**Why have you chosen to apply to Sundance Montessori School?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Does your child have any physical condition or special needs that staff should be aware of?**

If yes, please explain: \_\_\_\_\_

**Grandparents of applicant (optional):**

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

**Name of person(s) financially responsible for child:** \_\_\_\_\_

**Address to be used for billing:** \_\_\_\_\_

Have you enclosed your \$50 application fee?             Yes

Are there any assessments, reports, documentation, etc regarding this student that we should know about? If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By signing this application, you agree that Sundance Montessori School may contact all parties listed to gather any education-related information we may need for admission.

Signed \_\_\_\_\_  
Parent or Guardian

Date \_\_\_\_\_

## Parent Comments on Student

**At Sundance we like to get to know our students and families better. The following questions represent your feelings about your child and family life that can aid us in this process.**

Describe your child's overall personality, interests, and temperament:

How would you describe your child's developmental growth in the following areas thus far:

Physical:

Emotional:

Social:

Language:

Do you have any concerns about your child's development thus far?

Describe any examples of something your child excels at, has potential for, or displays a great interest in:

How does your family spend time together? What activities do you enjoy participating in together?

What appeals to you about the Montessori philosophy? Are you familiar with Montessori or have any prior experience with Montessori education?

What do you hope your child gets out of their experience attending Sundance Montessori School?

In what ways do you see yourself involved in Sundance Montessori School and in your child's education?