



Application for Admission

Student

CHILD'S FULL NAME (First / Middle / Last)	NICKNAME (if any)	GENDER
HOME ADDRESS	CITY, STATE, ZIP	DATE OF BIRTH
LANGUAGE SPOKEN IN HOME	SCHOOL YEAR APPLYING FOR	GRADE APPLYING FOR
OTHER SCHOOLS YOU ARE APPLYING TO (if applicable)		

Toddler Program

Please check the program you are applying for. (All programs are 5 days / week.) All kindergarten age children must attend Casa Full Day.

HALF DAY (8:45a–11:30p)
 FULL DAY (8:45a–3:30p)
 7:30a–8:30a
 3:30p–4:30p
 4:30p–5:30p

Will you need before or after school care? *Check all that apply.*

Does your family qualify for state or county subsidized childcare?
(Financial Aid dead line is March 1)

Y N

Current School

PRESENT SCHOOL OR CHILDCARE	PHONE NUMBER	FAX NUMBER
PRESENT SCHOOL ADDRESS	CITY, STATE, ZIP	
PRIOR MONTESSORI EXPERIENCE?	AT AGES	SCHOOL NAME / ADDRESS

Parents / Guardians

#1: FULL NAME (First / Middle / Last)	HOME ADDRESS (if different from student)	
OCCUPATION / EMPLOYER	BEST NUMBER TO REACH YOU	E-MAIL ADDRESS
#2: FULL NAME (First / Middle / Last)	HOME ADDRESS (if different from student)	
OCCUPATION / EMPLOYER	BEST NUMBER TO REACH YOU	E-MAIL ADDRESS

(By providing us with your e-mail address you will only receive e-mails from Sunny Hollow. We do not share e-mail addresses.)

Siblings

CHILD'S FULL NAME (First / Middle / Last)	SCHOOL	AGE
CHILD'S FULL NAME (First / Middle / Last)	SCHOOL	AGE

Getting to know you!

Please feel free to use additional paper if needed.

1. WHAT ATTRACTED YOU TO MONTESSORI EDUCATION?
2. WHY HAVE YOU CHOSEN TO APPLY TO SUNNY HOLLOW MONTESSORI?
3. WHAT ARE YOUR CHILD'S SPECIAL INTERESTS AND STRENGTHS?
4. DOES YOUR CHILD WEAR DISPOSABLE DIAPERS? COTTON TRAINING PANTS?
5. DESCRIBE YOUR CHILD'S SLEEPING HABITS — DO THEY NAP? HOW LONG? HOW MANY HOURS OF SLEEP PER NIGHT?
6. IS YOUR CHILD AN INDEPENDENT, STEADY AND SAFE WALKER?

Sunny Hollow Montessori is committed to diversity in the broadest sense, bringing together people of different cultures, perspectives and experiences with the goal of enhancing the overall experience of our community and the education children receive. To that end, we are collecting background information to help us in our fundraising efforts, for accurate record keeping and to effectively support our entire student body. *This information is optional.*

- WHITE AMERICAN INDIAN ALASKA NATIVE ASIAN HISPANIC-LATINO
 BLACK-AFRICAN AMERICAN NATIVE HAWAIIAN-PACIFIC ISLANDER OTHER (please specify) _____

How did you find us?

How did you learn of Sunny Hollow? (Check all that apply.)

- CURRENT STUDENT ALUMNUS WEBSITE SCHOOL SIGN ADVERTISING
 OTHER (please specify) _____

PARENT SIGNATURE _____

DATE _____

PRINT NAME _____

Please enclose a non-refundable application fee of \$75 and return this form to:

SUNNY HOLLOW MONTESSORI
636 South Mississippi River Blvd. St. Paul, MN 55116

P: 651.690.2307 F: 651.690.0684
www.sunnyhollow.com

OFFICE USE ONLY

DATE RECEIVED _____ DATE ADMISSION FEE PAID _____ CHECK NUMBER _____

RECORDS RECEIVED _____ RECOMMENDATION RECEIVED _____ AMI PRIMARY GRAD: Y N