



REQUEST FOR ENROLLMENT

2020-2021 SCHOOL YEAR

Applying for: Month _____ Year _____ Date of Application: _____

Program: (Circle One) Preschool Kindergarten Elementary

ENROLLMENT OPTIONS (PLEASE SELECT ONE)

- ❖ Full-Day Sessions (8:30-3:15)
 - 5 days _____ (*Required for Kindergarten & Elementary*)
 - 4 days _____ circle your preference (M, T, W, TH, F)
 - 3 days _____ circle your preference (M, T, W, TH, F)
- ❖ Morning Session (8:30-11:30)
 - 3 days _____ circle your preference (M, T, W, TH, F)
- ❖ Before or After Care:
 - 7:30 – 8:10 _____
 - 3:30 – 5:30 _____

STUDENT INFORMATION

Name: _____

Birth Date: ____/____/____ Age: _____ Sex: M / F

Address: _____

City: _____ ST: _____ Zip: _____

ENROLLMENT CONTACT INFORMATION

Parent/Guardian Name: _____

Home: _____ Cell: _____

Email: _____

Sunrise Montessori School (SMS) will gather additional contact after your child has been accepted

ADMINISTRATION USE ONLY

Date Received: _____ Check# _____ Enrollment Date: _____

Add'l Forms Sent: _____ Records/Form

Your answers to the following questions will enable us to get a sense of your family and your familiarity with Montessori education and allow us to plan appropriate parent education nights. Please feel free to answer fully and if needed, attach another sheet of paper if you require more space.

Are you familiar with the Montessori Method of teaching and learning? What materials have you read about the method?

What aspects of the Montessori philosophy are most appealing to you, and why? _____

What are the main factors in your decision to apply to SMS? _____

What are your principal goals for your child while s/he is a student here? _____

Our school serves children from 3 years old through elementary, what grades do you plan to have your child attend SMS?

What factors will impact your decision? _____

SMS is very dependent upon the involvement of its families to create a strong community for our children. In what manner do you envision your family becoming involved with school and parent network activities?

Thank you for taking the time to fill out this application form completely, the information will be kept confidential. Mail this form, along with your non-refundable registration fee of \$125 to: Sunrise Montessori School, 805 Alderson Ave, Billings, MT 59101. Upon receipt of the completed application and fee, SMS will place your child's name onto our wait list.

- **Authorization and Permission:**
Emergency Medical Treatment

I (we) undersigned, parent(s)/guardian(s) of _____ a minor do hereby authorize Sunrise Montessori School and its adult employees, to consent to any EMERGENCY x-ray, examination, anesthetic, medical, dental, or any EMERGENCY hospital care to said minor under the general supervision and upon advice of a physician.

It is understood that this authorization is given in advance of any specific emergency diagnosis, treatment, or hospital care being required but is given to provide authority and power on the part of Sunrise Montessori School and its adult employees, to give specific consent to any and all such emergency diagnosis, treatment or hospital care which the aforementioned physician or dentist in the exercise of his best judgment deem advisable.

It is understood that I (we), the parents, will assume financial responsibility for costs incurred for treatment and/or hospital care. This authorization will remain effective as long as my child is enrolled in Sunrise Montessori School.

Physician _____ Phone# _____
_____ Hospital

Preference _____

Parent/Guardian

Signature _____ Date _____

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