



Sullivan Montessori Enrollment Application

APPLICANT'S NAME: _____

First

Middle

Last

Parent's Names: _____

Applicant's Date of Birth: ____ / ____ / ____

Gender: (please circle) M / F

Telephone Number: _____

Email Address: _____

Mailing address: _____

Date of application: _____ School year applied for: _____

Please choose drop off/pick up times

Drop Off ____ 7:00 ____ 7:30 ____ 8:00 (Before 8:00 is \$1/half hour)

Pick Up ____ 3:00 ____ 3:30 ____ 4:00 ____ 4:30 ____ 5:00 (After 3:00 is \$1/half hour)

Please choose the days in which you would like to enroll

____ Monday ____ Tuesday ____ Wednesday ____ Thursday ____ Friday

Are these days flexible? ____ Yes ____ No

Please choose one of the following schedule options (See Enrollment Calendars)

____ Schedule 1 ____ Schedule 2

____ With Summer ____ Without Summer

Parent/Guardian Name (PRINTED)

Date

Parent/Guardian Name Signature