



2020-21 Application Form

Child's Name: _____ Gender: M / F Date of Birth: ____ / ____ / ____

Child's age as of September 1, 2020: ____ years ____ months

Child's Eye Color _____ Hair Color _____ Height _____ Weight _____

Home Address: _____ City: _____ Zip: _____

Home Telephone: _____ Primary Email: _____

Anticipated Program (circle one): 8:30-3:00 or 8:30-4:00 or 8:30-5:00 Early Care 8:00-8:30? Yes / No

Parent/Guardian Information

#1) Name: _____ Relation to Child: _____

Home Address: _____ City: _____ Zip: _____

Home Telephone: _____ Cell Phone: _____

Primary Email: _____

Employer Name: _____

Employer Phone: _____

2) Name: _____ Relation to Child: _____

Home Address: _____ City: _____ Zip: _____

Home Telephone: _____ Cell Phone: _____

Primary Email: _____

Employer Name: _____

Employer Phone: _____

How did you hear about Sharon Montessori? _____

I have included the \$75 non-refundable application fee.

Parent/Guardian Signature: _____ Date: _____