

Please indicate program

**Montessori:**

Half-Day 8:30 - 12:00

Full-Day 8:30 - 3:30

Elementary

**Before & After School Care**

7:30am - 8:30am

3:30pm - 4:30pm

3:30pm - 5:30pm



Sunny Hollow  
MONTESSORI

Office Use Only

\_\_\_\_\_ Date Received

\_\_\_\_\_ Date Admission Fee Pd

\_\_\_\_\_ Check Number

# Application for Admission 2008-2009 Academic Year

## Student

Child's Full Name \_\_\_\_\_ (First/Middle/Last) Nickname (if any) \_\_\_\_\_ Gender \_\_\_\_\_

Birthdate \_\_\_\_\_ Age as of Sept. \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## Current School Information

Present School \_\_\_\_\_ Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Present School Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Prior Montessori Experience? \_\_\_\_\_ At Age \_\_\_\_\_ School \_\_\_\_\_

## Parent/Guardian Information

Parent/Guardian-Full Name \_\_\_\_\_

Parent/Guardian-Full Name \_\_\_\_\_

Home Address / if different from student \_\_\_\_\_

Home Address/ if different from student \_\_\_\_\_

Phone \_\_\_\_\_ / Cell \_\_\_\_\_

Phone \_\_\_\_\_ / Cell \_\_\_\_\_

Employer/Position \_\_\_\_\_

Employer/Position \_\_\_\_\_

Work Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

## Other Information

How did you learn of Sunny Hollow (check all that apply)

Current Student     Alumnus     Yellow Pages     School Sign     Advertising     Other (please specify) \_\_\_\_\_

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

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**  
**(651) 690-2307 phone (651) 690-0684 fax**