



APPLICATION FOR ADMISSION

Sunrise Montessori Academy

of Independence, llc

16716 E. U.S. 40 Hwy

Independence, Missouri 64055

This application must be completed in full with no blank spaces according to Missouri State Law.

Please print the following information about the **child** (Please leave no blank spaces):

Name: _____ Date of birth: _____
(first, middle, last) (month/day/year)

Address: _____ Nick name: _____
(street)

_____ Start Date: _____
(city, state, zip code)

Please print the following information about the child's mother (Please leave no blank spaces):

Name: _____ Home phone: _____
(last, first)

Address: _____ Cell phone: _____
(street)

_____ Work phone: _____
(city, state, zip code)

Employer: _____ Email: _____

Address: _____ Work schedule: _____
(street)

_____ **Full street address required**
(city, state, zip code)

Please print the following information about the **child's father** child's mother (Please leave no blank spaces):

Name: _____ Home phone: _____
(last, first)

Address: _____ Cell phone: _____
(street)

_____ Work phone: _____
(city, state, zip code)

Employer: _____ Email: _____

Address: _____ Work schedule: _____
(street)

_____ **Full street address required**
(city, state, zip code)

Please check the programs your child will attend and list the days of attendance. Academic days run from 8:30AM – 3:30PM with 30 minute grace periods in the afternoon. (Notice: Tuesday, Wednesday, Thursday schedule not available. Mon or Fri required) Please also check whether you are making application for Primary or Pre-Primary Classrooms according to your child's age **and** readiness at time of enrollment.

Programs:	<input type="checkbox"/> Primary (3-6 years)	<input type="checkbox"/> Pre-Primary (2-3 ½ years)	<input type="checkbox"/> Morning Care (7:00AM – 8:30AM)
<input type="checkbox"/> Academic – 5 days	<input type="checkbox"/> Academic – 5 half days	<input type="checkbox"/> After Care (3:30PM – 5:00PM)	<input type="checkbox"/> Extended Care (5:00PM – 6:00PM)
<input type="checkbox"/> Academic – 4 days	<input type="checkbox"/> Academic – 4 half days	<input type="checkbox"/> Extended Care (5:00PM – 6:00PM)	
<input type="checkbox"/> Academic – 3 days	<input type="checkbox"/> Academic – 3 half days		
<input type="checkbox"/> Academic – 2 days	<input type="checkbox"/> Academic – 2 half days		<input type="checkbox"/> Extended Care (5:00PM – 6:00PM)

Please print your child's projected **attendance schedule** and any variations expected. Days will be scheduled **if** available.

Days of attendance (check all that applies):	Time of arrival:	Time of departure:
Monday: <input type="checkbox"/> Full day <input type="checkbox"/> Half day	_____ AM/PM	_____ AM/PM
Tuesday: <input type="checkbox"/> Full day <input type="checkbox"/> Half day	_____ AM/PM	_____ AM/PM
Wednesday: <input type="checkbox"/> Full day <input type="checkbox"/> Half day	_____ AM/PM	_____ AM/PM
Thursday: <input type="checkbox"/> Full day <input type="checkbox"/> Half day	_____ AM/PM	_____ AM/PM
Friday: <input type="checkbox"/> Full day <input type="checkbox"/> Half day	_____ AM/PM	_____ AM/PM

Tuesday, Wednesday and Friday are not an option. Please include either Monday or Friday or both for 3 day week

Comments:

Please check the holidays your child will be in care:

Columbus Day (October)
 Veterans Day (November)
 Election Day (November)

Please check the meals your child will be given:

Morning snack
 Lunch
 Afternoon snack (aftercare)

Please print the following **insurance information**:

Insurance provider: _____
 Group #: _____ Policy #: _____ ID #: _____

I hereby assume full responsibility for the healthcare of: _____
(child's name)

(parent signature)

(date signed)

Please print the following **emergency information**:

I understand that I will be notified at once in case of an emergency with my child, and I will make arrangements for medical care of my child with the physician or hospital of my choice. If I cannot be reached to make necessary arrangements, or in a critical emergency requiring medical care, I authorize **Sunrise Montessori Academy of Independence** to contact the following:

Physician/clinic: _____ Phone: _____

Preferred hospital: _____ Phone: _____

(parent signature)

(date signed)

Please print the following emergency contact information below (Three emergency contacts AND one authorized for pick up other than parents required. Emergency contacts may not be the child's parents/guardians)			
Name: _____ (last, first)	Phone numbers: _____ (cell, work, home)		
Address: _____ (street)			
_____ (city, state, zip code)	Relationship to child: _____ Pick up Authorization Circle Yes No		
Name: _____ (last, first)	Phone numbers: _____ (cell, work, home)		
Address: _____ (street)			
_____ (city, state, zip code)	Relationship to child: _____ Pick up Authorization Circle Yes No		
Name: _____ (last, first)	Phone numbers: _____ (cell, work, home)		
Address: _____ (street)			
_____ (city, state, zip code)	Relationship to child: _____ Pick up Authorization Circle Yes No		
Additional contacts:			
Name: _____ (last, first)	Phone numbers: _____ (cell, work, home)		
Address: _____ (street)			
_____ (city, state, zip code)	Relationship to child: _____ Pick up Authorization Circle Yes No		
Name: _____ (last, first)	Phone numbers: _____ (cell, work, home)		
Address: _____ (street)			
_____ (city, state, zip code)	Relationship to child: _____ Pick up Authorization Circle Yes No		
Name: _____ (last, first)	Phone numbers: _____ (cell, work, home)		
Address: _____ (street)			
_____ (city, state, zip code)	Relationship to child: _____ Pick up Authorization Circle Yes No		

Please read the following acknowledgements and initial upon agreement. State of MO requires every blank initialed.		
A	The Sunrise Parent Handbook is online. (Printed copies available upon request) Reading prior to enrollment is required. Initial Here. I have read the Sunrise Montessori Parent Handbook and I agree to the terms set forth in the Parent Handbook.	parent/guardian initials
B	A copy of Mo State licensing regulations are always available in the Sunrise office. I understand that a copy of licensing regulations are available in the Sunrise office.	parent/guardian initials
C	The provider and I have agreed on a plan for continuing communication regarding my child's development, behavior and individual needs. (Found in information packet handbook)	parent/guardian initials
D	When my child is ill, I understand and agree that s/he may not be accepted for care or remain in care and tuition discounts are not available for such absences or for holidays.	parent/guardian initials
E	I understand that, before the first day of attendance by my child, I will provide proof of completed age-appropriate immunizations or exemption must be on file.	parent/guardian initials
F	I understand that I must give written permission for field trips/excursions and that I will be notified, in advance, when they are planned.	parent/guardian initials
G	I <input type="checkbox"/> do give permission for facility to transport my child on field trips with advance notice. <input type="checkbox"/> do not give permission for the facility to transport my child.	parent/guardian initials
H	I hereby understand that Primary Classroom enrollment requires my child to be fully toilet trained, and to demonstrate 'readiness' for the program as determined by Director. Pre-Primary enrollment is offered for students 2-3 ½ years old and/or do not demonstrate a level of readiness as determined by Director. Pre-Primary is specifically designed to aid in developing a level or readiness needed to enroll into the Primary Classroom for 3- 6 year olds.	parent/guardian initials
I	I have been informed of Montessori Practices to be used in the classroom and agree to support these practices at home included those stated during my tour; in the information and enrollment packet as well as those outlined in the parent handbook.	parent/guardian initials
J	I understand that any violent acts or actions by my child that is hurtful to the school property, other children or staff members will result in termination of enrollment in order to ensure safety of all students, faculty and school.	parent/guardian initials
K	I assume full responsibility of my child's healthcare including that resulting from any injury or illness, and I agree to keep my child home if any contagious symptoms are present on any given day and/or pick up if necessary.	parent/guardian initials
L	I give Sunrise Montessori Academy my permission to contact emergency contacts in case of illness or emergency if I am unable to be reached by Sunrise personnel.	parent/guardian initials

Please print and sign upon completion of this application.		
_____	_____	_____
(print name of parent/guardian)	(parent signature)	(date signed)
_____	_____	_____
(print name of parent/guardian)	(parent signature)	(date signed)
Please print and sign upon updating this application.		
_____	_____	_____
(print name of parent/guardian)	(parent signature)	(date signed)
_____	_____	_____
(print name of parent/guardian)	(parent signature)	(date signed)

An enrollment fee must accompany this application upon submission. This fee is non-refundable and will not be applied to tuition.