

Application for Montessori Toddler Time Fall Session 2024

Child's Name:	
Child's Date of Birth:	male or female:
Father's/Guardian's Name: _	
Mother's/Guardian's Name:	
Address:	
Phone:	Preferred Email:

If a caregiver will accompany the child instead of a parent/guardian, please provide their name here:

This introductory course is perfect for anyone who is interested in learning more about the cognitive, emotional and social development of young children. Participants will gain new insights into how to optimally support your child's development, with weekly topics such as: fostering independence, toilet learning, guiding decisions/choices, language acquisition and preparing the home environment for your active explorer.

- Your child must be between 18 months and 2 years, 9 months old by the first day of class.
- A parent, family member or caregiver participates with the child. This is not a drop-off class.
- Session meets once per week for 6 weeks. It is expected that participants will attend all 6 sessions.
- Time: 9:30-10:45 am on specific Tuesdays
- (September 24; October 1, 8, 15, 22 & 29)
- \$120.00 per 6-week session; due on or before September 24, 2024
- Limited to 4 participants and their parent/guardian or caregiver.

The Sunrise Montessori School, Inc. does not discriminate on the basis of race, color, religion, national or ethnic origin, political beliefs, disabilities, marital status or sexual orientation in the administration of its educational programs and policies, admission or retention of prospective students and their families or hiring policies and other school administered programs. Toilet training status is not an eligibility requirement for enrollment at Sunrise Montessori School. Our school strives to promote a multicultural environment that is welcoming to a diverse student enrollment, faculty and community.

Please mail your child's application form and payment to: Sunrise Montessori School, Inc.									Or drop off at the school: 31 Hayward St., Suite J2			
PO Box 515										Fra	ankl	in, MA 02038
Franklin, MA 02038												
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For office use only

Date Appl. Received: _____ Check #: _____