

For office use only		
Date _____	Check # _____	Amount _____
New Family	Continuing Child	Continuing Family - New Child Alumni family



Sunnymont

Parent Co-op Nursery School

2009-2010 APPLICATION

Return your completed application & application fee to the envelope marked “2009 Applications” at Sunnymont. Applications must be received by Feb. 13 to retain priority status.

Please complete the following information. If any information has changed since last year, please highlight the new information.

Child’s Name: _____ Date of Birth: _____ Sex: M / F

Address: _____ Home Phone: _____

City _____ Zip: _____

Primary Participating Parent’s
Cell Phone: _____ E-Mail: _____

Primary Participating
Parent’s Name: _____ Relationship: _____

Other
Parent’s Name: _____ Relationship: _____

PROGRAMS

All Classes: **Child’s age as of September 1st of the year for which you are applying.**
Please mark your first and second choices in case your first choice is not available.

<u>Class</u>	<u>Days</u>	<u>Hours</u>	<u>Tuition</u>	<u>Teacher</u>
_____ 1 Day	W	1:00-3:30	\$78/mo	Elizabeth Gerhart
	(18 months to 2.5 years old)			
_____ 2 Day	T, Th	9:00-11:30	\$160/mo	Debbie Campi
	(2.5 to 3.5 years old)			
_____ 3 Day	M, W, F	9:00-11:30	\$230/mo	Justine Saffir
	(3.0 to 4.5 years old)			
_____ 4 Day	M, T, Th, F	12:30-3:30	\$325/mo	Debbie Campi
	(Pre – K 3.5 to 5 years 11 months)			

771 Waldo Road, Campbell, California 95008 (408) 871-7300
www.sunnymont.com

Sunnymont does not discriminate on the basis of gender, race, color, national or ethnic origin, sexual orientation, creed or disability in its admission policies and in the administration of its program.

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Your reason for your first choice of class: _____

Have you had a child at Sunnymont before? Yes / No

If so, the child's name & the year?

How did you hear about Sunnymont?

WE AGREE TO THE FOLLOWING PARENT REQUIREMENTS:

- 1. Classroom Work Day:** We agree to work as a teacher's aide one day per week in the classroom.
- 2. Evening Parents' Classes:** We agree to attend mandatory evening parenting meetings.
1 Day class attends 13 evening meetings; all other classes attend 15 meetings per school year.
- 3. Weekend Maintenance:** We agree to do our shifts of weekend school maintenance during the year.
1 Day Class : 0 shifts 2 Day Class: 1 shift 3 Day Class: 2 shifts 4 Day Class: 3 shifts
- 4. School Job:** We agree to be responsible for holding at least one school committee/job position.
- 5. Work Party:** We agree to complete four work party hours per year.
- 6. Fundraising/ Community Events:** We agree to complete 4 event hours per year.
- 7. Tuition:** We agree to pay our tuition by the first of each month, and understand that a late fee is imposed if tuition not paid by the fifteenth of each month.
- 8. Additional Voluntary Contribution:** We understand that a voluntary contribution to the school (suggestion \$200 per family) is also expected to help offset school expenses.
- 9. Parent Substitute availability:** We understand that in some classes parents must sign up to be available as an on-call emergency substitute for several additional parent work days per year.

We understand that our child will not be considered for registration until this form is completed and signed and the nonrefundable \$50 application fee is received (all fees subject to change).

Signature _____ Date _____