

For office use only

Date _____ Check # _____ Amount _____

New Family Continuing Child Continuing Family - New Child Alumni family



2010-2011 APPLICATION

Return your completed application & \$50 application fee to the envelope marked “2010 applications” at Sunnymont or by mail. Applications must be received by February 12th 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 year you are applying for.

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>
_____ 2 Day (2.5 to 3.5 years old)	T, Th	9:00-11:30	\$170/mo	Debbie Campi
_____ 3 Day (3.0 to 4.5 years old)	M, W, F	9:00-11:30	\$240/mo	Justine Saffir
_____ 4 Day (Pre-K 3.5 to 5 years 11 months)	M, T, Th, F	12:45-3:45	\$345/mo	Debbie Campi

**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.

(Please see reverse side)

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How did you hear about Sunnymont? _____

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? _____

WE AGREE TO THE FOLLOWING PARENT REQUIREMENTS:

- 1. Classroom Work Day:** We agree to work as a teacher's aide 1 day per week in the classroom.
- 2. Evening Parents' Classes:** We agree to attend mandatory evening parenting meetings.
2 – 4-Day classes attend 15 meetings per school year.
- 3. Weekend Maintenance:** We agree to do our shifts of weekend maintenance during the year.
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 1 work party 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 1st of each month, and understand that a late fee is imposed if tuition not paid by the **10th** of each month.
- 8. Voluntary Contribution:** We understand that a voluntary contribution to the school (suggestion \$250 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 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 \$50 nonrefundable application fee is received (all fees subject to change)

Signature _____ Date _____