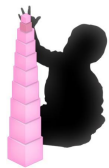


Miss Sara's Montessori Child Care Application for Enrollment

Please bring or mail completed Application for Enrollment and enrollment fee to:

Miss Sara's Montessori Child Care
743 West Fairmont Ave.
Glendale, CA. 91203

**Miss Sara's Montessori Child Care**

743 West Fairmont Ave.
Glendale, CA. 91203
(818) 515-0855
sarasmontessori@yahoo.com
www.sarasmontessori.com

Application For Enrollment

Please fill out the following information.

Child's Name: _____ Sex: _____ Age: _____ Birthday: _____

Guardian's Name: _____ Cell Phone: _____

Job Title/Employment: _____ Email: _____

Guardian's Name: _____ Cell Phone: _____

Job Title/Employment: _____ Email: _____

Home Phone: _____ Home Address: _____

City: _____ Zip Code: _____

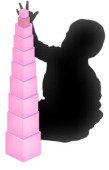
This application must be accompanied by a one-time, non-refundable \$100 fee and payment for the first month made out to Sara Bello.

Release Form

I hereby give my permission for my child to partake in all childcare activities and further, release the facility, and it's employees from any liability to me or my child because of any injury or liability at the family care. I further give my permission for the childcare to photograph my child and use that photography for publicity purposes and hereby waive all rights for compensation.

Guardian's Signature: _____ Date: _____

Guardian's Signature: _____ Date: _____



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Questionnaire

1. What are the most important factors in your choice of child care?

2. Describe your child's personality. How do they approach new situations? What are their strengths and what are their difficulties?

3. Describe your child's home life. Who are the family members that are frequently a part of your child's life? Do you have any pets? Is any language other than English spoken at home?

4. Does your child spend time with another caregiver? (For example, a grandmother, aunt, nanny, etc.)

5. What does your child enjoy doing most at home?
