Program Inquiry **Form**

Montessori
SCHOOL OF SUDBURY

Child's Name: _____

Phone #: _____ Date of Birth: _____

Parent's Names: _____

Email(s): _____

Proposed Start Date: _____

Program of Interest:

☐ Toddler (18-30 months, napping in afternoon) ☐ Pre-Casa (30 months and older, napping in afternoon)

☐ Casa (36 months and older): ☐ English OR ☐ French

Attendance Details:

Full-Time: ☐ 5 Full Days *or* ☐ 5 Half Days:

☐ AM *or* ☐ PM

I have already placed my child on the online Child Care Registry List with the City of Greater Sudbury.

☐ Yes ☐ No (if no, please go online and register your child)

Link: Home Page - Child Care Waitlist (onehsn.com)

Additional Comments: