



Montessori

Waiting List Information

Date _____

Child's Full Name _____ Sex _____ Birth Date _____

Address _____ City _____ State _____ Zip _____

Mother/Guardian's Full Name _____ Home Phone _____

Address (If different) _____ City _____ State _____ Zip _____

Business Name _____ Work Phone _____

Father's/Guardian's Full Name _____ Home Phone _____

Address (If different) _____ City _____ State _____ Zip _____

Business Name _____ Work Phone _____

E-mail address _____

Preferred schedule:

Monday Tuesday Wednesday Thursday Friday

_____ Full Days 9:00 to 3:00

_____ Half Days 9:00 to 12:30

_____ AM child care 7:00 to 9:00

_____ PM child care 3:00 to 6:00

_____ Pre Montessori Class

Office Use

Amount Paid: \$ _____ Check number: _____

Enrolled:

Start date: ___/___/___ Room _____ Added to Sign-In: _____ Info to Teacher: _____

Paperwork: _____ Immunization: _____ Added to Emergency Log: _____ Folder: _____

Schedule:

Mon Tues Wed Thurs Fri AM PM FULL HALF

Removed from Database: _____