morgan creek montessori

preschool + kindergarten

WAITLIST FORM

☐ January 2010 ☐ September 2010

Date of Application: _____ Child's Starting Date: _____
Day / Month / Year **Month / Year**

STUDENT NAME: _____
First, Middle, Last Name

Birth Date: _____ *Sex: M F*
Day / Month / Year

Parent/Guardian's Name: _____

Address*:* _____
Number / Street / City / Postal Code

Home Phone Number: _____

Home E-mail Address: _____

Please indicate the class session you prefer for your child:

☐ Morning Class
(8:30 AM – 11:30 AM)
(Monday – Friday)

☐ Afternoon Class
(12:30 PM – 3:30 PM)
(Monday – Thursday)

☐ Morning Class with drop-off to Rosemary Heights Elementary or Morgan Elementary for PM Kindergarten class
(8:30 AM – 12:00 PM)
(Monday – Friday)

How did you learn of Morgan Creek Montessori? _____

_____

You will be contacted at the date of registration if you wish to proceed with an application. Morgan Creek Montessori reserves the right to make modifications to the program and tuition fees for the 2010-11 year.

www.morgancreekmontessori.com
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