

preschool + kindergarten

WAITLIST FORM

September 2018 January 2019 September 2019

Date of Application: _____
Day / 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

Phone Number: _____

Home E-mail Address: _____

Please indicate the class session you prefer for your child:

- | | | | |
|--------------------------|--|--------------------------|--|
| <input type="checkbox"/> | Morning Class
(8:30 AM – 11:30 AM)
(Monday – Friday) | <input type="checkbox"/> | Afternoon Class
(12:30 PM – 3:30 PM)
(Monday – Thursday)
(2 or 3 days per week
available as an option) |
|--------------------------|--|--------------------------|--|

How did you learn of Morgan Creek Montessori? _____

Why do you wish for your child to attend 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.