

## WAITLIST FORM

- Summer 2019  
July 22 – August 19     September 2019     January 2020     September 2021

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 sessions you prefer for your child:

**Summer Class:** 9:00 AM – 12:00nn

### School Year Schedule

- |   |   |
|---|---|
| <input type="checkbox"/> Morning Class<br>(8:30 AM – 11:30 AM)<br>(Monday – Friday) | <input type="checkbox"/> Afternoon Class<br>(12:30 PM – 3:30 PM)<br>(Monday – Friday) |
|---|---|

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.