

4976 Myrtle Drive, Concord, CA 94521 info@myrtlefarmmontessori.com 925-356-2482

APPLICATION FOR WAITLIST

APPLICANTS: PLEASE NOTE THAT THIS APPLICATION DOES NOT GUARANTEE A SPOT FOR THE DATE OF ENTRY REQUESTED.
YOU WILL BE CONTACTED ONCE/IF AN OPENING BECOMES AVAILABLE. PLEASE ASK ABOUT OUR RE-ENROLMMENT PROCESS DURING YOUR TOUR.

Date of School Tour	Date Requested for Entry
Child's Name	D-O-B
Parent/Guardian(s) Name(s)	
Address	
City	Zip
Home Phone	Cell Phone
Email(s)	
Previous School or Daycare Attended:	
PROGRAM REQUESTED (Please select an option	n for each column):
HALF DAY PROGRAM (8:00 – 11:45)	
HALF DAY PROGRAM + LUNCH (8:00 – 1	1:00)
FULL DAY (8:00 – 3:45)	
We are interested in the summer program.	. The summer program runs for four weeks in July.
I am enclosing a nonrefundable registration fee of \$100 with this application with the understanding that the child named above will be placed on the list for enrollment for the date requested. If my child cannot be enrolled by the date indicated, I understand that I can choose to maintain the child on the waiting list until space becomes available.	
SIGNED	DATE
(Parent's Signature)	
Registration Fee Cash/Ch	eck Date Received