



For office use only:
Date Received _____
Wait List Fee Paid _____
Date Enrolled _____

**WAIT LIST APPLICATION
Toddler Program**

Date of Application _____

For Enrollment Beginning _____

Program:

Half Day (8:30 a.m - 12 p.m.)

Four Day (Tues - Fri) _____

Five Day _____

Full Day (8:30 a.m. – 3:30 p.m.)

Four Day (Tues - Fri) _____

Five Day _____

Year Round Extended Day (7:30 a.m. – 6 p.m.)

Five Day, Year Round _____

Child's Full Name (First, Middle, Last) _____

DOB (MM/DD/YY) _____

Sex: _____M_____F

Home Address (of Child) _____ City _____ State _____ Zip Code _____

(_____) _____
Primary Phone

Child Lives With

Mother/Guardian Full Name

Father/Guardian Full Name

Home Address (if different from child)

Home Address (if different from child)

Employer & Occupation

Employer & Occupation

Email Address

Email Address

Phone number

Phone number

Previous School(s):

Previous Montessori Experience:

I understand that the Wait List Fee of \$25 per child is nonrefundable and that it does not guarantee my child enrollment at Cool Springs Montessori. It is my responsibility to contact the school with any changes to our contact information. The Wait List Fee is for the current school year only. Applications will be considered in the order in which they are received, with preference given to siblings of current students. If a space becomes available, I understand that I will have two weeks to complete the enrollment/admissions process and start my child at CSM.

Signature of Parent(s)

There is a non-refundable wait list fee of \$25.00 due upon return of this application.