



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

**WAIT LIST
APPLICATION
Primary Program**

Date of Application _____ For Enrollment Beginning _____

Program:

- Half Day (8:30 a.m. -- 12 p.m.) for 30 months -- 5 years old _____
- Full Day (8:30 a.m. – 3:30 p.m.) for 30 months -- 5 years old _____
- Kindergarten (8:30 a.m. – 3:30 p.m.) for 5 & 6 years old _____
- Year-Round Extended Day (7:30 a.m. – 6 p.m.) for 30 months -- 6 years old _____

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 \$50 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.

Signature of Parent(s)

There is a non-refundable wait list fee of \$50.00 due upon return of this application.