

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.)				Five Day	
Full Day (8:30 a.m. – 3:30 p.m.)	Four Day (Tues - Fri)				
Year Round Extended Day (7:30 a.m. – 6 p.m.)		ł	-ive Day,	Year Round	
			Sex:	MF	
Child's Full Name (First, Middle, Last)	DOB (MM/DD/YY)				
Home Address (of Child)	City	State		Zip Code	
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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. 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 \$50.00 due upon return of this application.