



**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) \_\_\_\_\_ Sex: \_\_\_ M \_\_\_ F  
DOB (MM/DD/YY) \_\_\_\_\_

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.*

\_\_\_\_\_  
Signature of Parent(s)

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