



## Waitlist Form

Child's Name: *first* \_\_\_\_\_ *middle* \_\_\_\_\_ *last* \_\_\_\_\_

Male/Female: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Country of Birth \_\_\_\_\_

Siblings(s): Name(s): \_\_\_\_\_ Birthdate(s): \_\_\_\_\_  
\_\_\_\_\_

Montessori Preschool: \_\_\_\_\_

Current hours attending: \_\_\_\_\_

May we contact the Preschool to let them know you are on our waitlist? Yes/No

History: (*special requirements, relevant information*)  
\_\_\_\_\_  
\_\_\_\_\_

Would you like to schedule an observation visit to the school? Yes / No

Parent (s) / Guardian's Name(s): \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Mob: \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_  
*Signature* Today's date \_\_\_\_\_

**An application form will be sent out prior to the interviews for enrolment. Should you have any queries or if any of the above information changes, please contact our office on 575 7434.**