



**Montessori
School**
of WAUKESHA

Fostering each child's potential and a life-long love of learning.

OFFICE USE ONLY
DATE REC'D _____
TIME _____
COMMENTS:

Application for Waiting List Enrollment

CHILD'S NAME _____ **BIRTHDATE** _____
 (FIRST MIDDLE LAST) (MONTH / DAY / YEAR)

PARENT'S/GUARDIAN'S NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

TELEPHONE NUMBER _____

We hereby apply for the enrollment of the above named child in the following program:

Pre-Children's House: **Mon/Wed/Fri** _____ **Tues/Thurs** _____ **Monday – Friday** _____
 (8:30-11:45) (8:30-11:45) (8:30-11:45)

Children's House: **Monday – Friday** _____ **Extended Day** _____
 (8:30 - 11:45 a.m.) (8:30 - 3:00 p.m.)

Elementary: _____
 (8:30 - 3:15 p.m.)

Adolescent: _____
 (8:30 – 3:15 p.m.)

We will also use Before and After School Care: Regularly _____ Occasionally _____

Is the applicant (child) currently, or were they previously, enrolled in another Montessori school? YES _____ NO _____

If so, what is the name and address of the school? _____

Is the applicant (child) a sibling of a child who is currently, or was previously, enrolled in this school? YES _____ NO _____

Receipt will entitle the above named child to be placed on a waiting list and we will be notified by telephone and/or mail when space becomes available for their enrollment.

DATED: _____

BY: _____
 (Signature of Parent or Guardian)

