

**Waitlist Application**

**Student Information**

Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
*Last First M.I.*

Parent 1 Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
*Last First M.I.*

Parent 2 Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_ City State ZIP Code

Emergency Phone: \_\_\_\_\_ Parent Email \_\_\_\_\_

Start Date Desired: \_\_\_\_\_

- Care Type Desired:**  
**(check one)**
- Full Time (M-F)
- Part Time 3-Day
- Part Time 2-Day

Please Specify Hours of Care Needed: **(Check All That Apply)** \_\_\_\_\_

- |  |                                 |                                |
|--|---------------------------------|--------------------------------|
| Early Drop Off -- 6:30 am to 7:00 am (Extra Charge)  | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> |
| Morning Care – 7:00 am – 8:30 am                     | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> |
| School Hours – 8:30 am – 3:30 pm                     | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> |
| After School Care – 3:30 pm – 5:30 pm                | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> |
| After School Care – 5:30 pm – 6:00 pm (Extra Charge) | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> |

**Disclaimer and Signature**

*I understand that this is not a formal enrollment form. This application is nonbinding and does not mean my child has been enrolled at Midtown Montessori Academy. I understand that submitting this form simply places my child on a waitlist for enrollment, and that all applications are sorted in the order they are received and applications are prioritized based the needs of the school.*

*If this application leads to an enrollment opportunity, I understand that I will be given a 1-week opportunity to enroll my child at Midtown Montessori Academy before the spot will be released for the next available waitlisted student.*

To complete Waitlist Application, a \$100 Waitlist Application Fee must be paid.  
Please submit payment to [info@mymidtownmontessori.com](mailto:info@mymidtownmontessori.com) via PayPal or mail a check to:

Midtown Montessori Academy  
1675 W 67<sup>th</sup> Ave, Suite 200  
Denver CO 80221

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
*Printed Name*

Describe why you are interested in the Montessori Method:

---

---

---

---

---

---

---

---

---

---

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_