

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
<input type="checkbox"/> | NO
<input type="checkbox"/> |
| Morning Care – 7:00 am – 8:30 am | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> |
| School Hours – 8:30 am – 3:30 pm | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> |
| After School Care – 3:30 pm – 5:30 pm | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> |
| After School Care – 5:30 pm – 6:00 pm (Extra Charge) | YES
<input type="checkbox"/> | NO
<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 via PayPal or mail a check to:

Midtown Montessori Academy
1675 W 67th Ave, Suite 200
Denver CO 80221

Parent Signature: _____ Date: _____

Printed Name

Describe why you are interested in the Montessori Method:

Student Name: _____ DOB: _____