



MONTESSORI OF ALAMEDA

Wait List Application

Child Information

First/Last name _____ Male Female

Desired Start Date _____ Birthdate _____ or Due Date _____

Estimated Age at Time of Enrollment _____ Sibling of a currently enrolled child

Schedule Selection: Monday-Friday 8:00-3:30pm Monday-Friday 8:00-5:30pm

Include Before – Care (7:30am – 8:00am)

Previous Child Care or Preschool _____

Reason for leaving care _____

Parent/Guardian Information

First/Last name _____

Home Address _____ Zip Code _____

Cell Phone _____ Email _____

First/Last name _____

Home Address _____ Zip Code _____

Cell Phone _____ Email _____

We understand that this is not a guarantee of placement in Montessori of Alameda. The fee of \$100 (*payable via check or card*) simply puts your child's name on the wait list for the next available opening.

Signature _____ Date _____

Visa/MasterCard/Discover (to be shredded after processing)

Name _____

Billing Address _____ Zip Code _____

Card # _____ Exp Date _____ CVV _____