



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

Previous Child Care or Preschool _____

Reason for leaving care _____

Referred by current/former MOA family Yes No

If yes, by who _____

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 credit card**) simply puts your child's name on the wait list for the next available opening. **Credit Card convenience fee apply.* Please return this waitlist form to admin@montessoriofalameda.com or mail/drop it off to the school.

Signature _____ Date _____

Credit Cards Accepted: Visa MasterCard Discover

Name _____

Billing Address _____ Zip Code _____

Card # _____ Exp Date _____ CVV _____

Office Use Only: Procure Payment Confirmation Email Sent CRM Spreadsheet