

APPLESEED ALMADEN MONTESSORI SCHOOL

5200 DENT AVE, SAN JOSE CA 95118 TEL: (408) 264-7333

WAITING LIST APPLICATION

REQUESTED START DATE: _____ BIRTHDATE: _____
CHILD'S NAME: _____ BOY _____ GIRL
FATHER'S NAME: _____ MOTHER'S NAME: _____
HOME ADDRESS: _____
CITY _____ ZIP _____
PREFERRED CONTACT:
PHONE (PRIMARY) _____ PHONE (SECONDARY) _____
E-MAIL _____

WE WILL CONTACT YOU VIA THE PRIMARY PHONE NUMBER PROVIDED ABOVE WHEN A SPACE IS AVAILABLE. SECONDARY PHONE AND EMAIL NOTIFICATION ARE OPTIONAL. PLEASE NOTIFY US IF YOUR ADDRESS OR CONTACT NUMBERS CHANGE. YOU MUST RESPOND WITHIN 24 HOURS ONCE A SPACE HAS BEEN OFFERED.

PLEASE SELECT A PROGRAM:

- TODDLER** (18 MONTHS TO 3 YEARS)
 PRESCHOOL, PRE-K & KINDERGARTEN (2 ½ YEARS TO 6 YEARS & POTTY-TRAINED)
 BILINGUAL PROGRAM (2 ½ YEARS TO 6 YEARS & POTTY-TRAINED)

PLEASE SELECT A SCHEDULE:

- Full Time 7:00-6:00 School Day 9:00-3:00 AM 9:15-12:30
 2 Days 3 Days 5 Days

YOUR WAITING LIST SPACE WILL EXPIRE EVERY 12 MONTHS. YOU MUST RENEW YOUR WAITING LIST FORM PRIOR TO YOUR 12-MONTH EXPIRATION DATE IN ORDER TO MAINTAIN THE SPACE. PLEASE NOTE THIS WAITING LIST IS NOT BASED ON A FIRST COME FIRST SERVE BASIS.

OFFICE USE ONLY: DATE R'CV'D _____ RCV'D BY _____ CK # _____ CK AMT _____ RM REQ _____
 RETURNING OR CURRENT APPLESEED FAMILY PREVIOUS / CURRENT CHILD'S NAME & ROOM # _____