

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 & POTTY-TRAINED TO 6 YEARS)
- BILINGUAL PROGRAM** (2 ½ YEARS & POTTY-TRAINED TO 6 YEARS)

PLEASE SELECT A SCHEDULE:

- Full Time 7:00-6:00 School Day 9:00-3:00 AM 9:15-12:30 PM 2:30-5:30 2 Days 3 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'CVD _____ RCV'D BY _____ CK # _____ CK AMT _____ RM REQ _____ <input type="checkbox"/> RETURNING OR <input type="checkbox"/> CURRENT APPLESEED FAMILY PREVIOUS / CURRENT CHILD'S NAME & ROOM # _____
