

Northview Montessori Wait List Form

Today's date: _____

Child's name: _____ Date of Birth: _____

Gender: _____ Current age: ____ years ____ months Desired start date: _____

Parents'/Guardians' names: _____

Address: _____ Email address: _____

Phone Number: _____ Work Number: _____ Cell Phone: _____

Check Preferred Schedules:

Year Round (September – Aug) School Year (September – May)

Check Class:

Preschool Kindergarten

I would like my child to attend...

My child will also need...

<input type="checkbox"/> Full Day Session (7:00 – 6:00)	<input type="checkbox"/> Extended Morning Child Care (7:00 – 8:30)
<input type="checkbox"/> Morning Session (8:30 – 11:15)	<input type="checkbox"/> Lunch & Recess (11:15 – 1:00)
<input type="checkbox"/> Afternoon Session (1:30 – 4:30)	<input type="checkbox"/> Extended Afternoon (4:30 – 6:00)

Before/After St. Marks or Morley Nelson Child Care: Before After

Number of Days: 5 4 3 2 Preferred Days (if available): _____

Does your child nap? _____ Is your child potty-trained? _____

Note: Please remember to include your **\$60 non-refundable wait list fee.**

Note: Your child must be fully potty-trained when they begin at Northview.

Office use only:

Date submitted: _____ \$60 non-refundable fee _____

Comments: (date and initial)
