Waitlist Application Form

PLEASE CHECK		FOR ADMINISTRATIVE USE ONLY
Sibling □ KMS Staff □ Current Student □ New Family □		Application Rec'd Date: _____

Please indicate which classroom(s) you wish to apply for:

□ Infant   □Toddler   □PreCasa   □Casa

□Lower Elementary   □Upper Elementary   □Renaissance

When do you wish to begin at Kendalwood Montessori?   Year: _____Month:_____

Are you requesting Full-time Attendance?   □Yes, I am requesting Full-time Attendance- 5 days/week

Special Request:_____

Child's Name: _____D.O.B. (or delivery date)_____
                First Name   Last Name   Year/Month/Day

Home Address: _____
        #   Street   Apt. #   City   Postal Code

Parent #1 Name: _____   (____)_____
                First Name   Last Name   Primary Contact Number
                _____
                Email address (please print)

Parent #2 Name: _____   (____)_____
                First Name   Last Name   Primary Contact Number
                _____
                Email address (please print)

Signature: _____   Date: _____