



APPLESEED MONTESSORI SCHOOL

WAITING LIST APPLICATION

DUNFORD SITE

1095 DUNFORD WAY, STE.500 * SUNNYVALE, CA 94087 * TEL: (408) 260-7333

TODAY'S DATE: _____ REQUESTED STARTING DATE: _____

CHILD'S NAME: _____ BOY _____ GIRL

BIRTHDATE: _____

FATHER'S NAME: _____ MOTHER'S NAME: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PREFERRED CONTACT:

PHONE (PRIMARY): _____ PHONE (SECONDARY): _____

EMAIL ADDRESS: _____

PLEASE SELECT A PROGRAM:

- INFANT PROGRAM (AGES 2 MONTHS TO 18 MONTHS)
- TODDLER (AGES 18 MONTHS TO 2 ½ YEARS)
- PRESCHOOL, PRE-K, KINDERGARTEN (NAP – AGES 2 ½ TO 6 YEARS)
- PRE-K, KINDERGARTEN (NO NAP – AGES 4 TO 6 YEARS)
- BILINGUAL PROGRAM (AGES 3 TO 6 YEARS)

PLEASE SELECT A SCHEDULE:

- FULL TIME (7:00-6:00)
- SCHOOL DAY (9:00-3:00)
- EARLY BIRD (7:30-4:30)
- HAPPY BEAR (8:00-5:00)

IN ORDER TO PROCESS YOUR WAITING LIST FORM, YOU MUST SUBMIT A WAITING LIST FEE OF \$25.00 WITH THIS FORM. THIS FEE IS NON-REFUNDABLE, NON-TRANSFERABLE AND THERE IS NO ENTRANCE GUARANTEE. MAKE CHECKS PAYABLE TO APPLESEED MONTESSORI SCHOOL. A SERVICE CHARGE OF \$40 WILL BE IMPOSED FOR A RETURNED CHECK. 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.

FOR OFFICE USE ONLY

R'CV'D BY: _____ DATE: _____ CK #: _____ CK AMT _____ BY MAIL _____