

APPLESEED MONTESSORI SCHOOL

1095 DUNFORD WAY #800 SUNNYVALE, CA 94087 TEL: (408) 985-7333

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:

- PRESCHOOL, PRE-K & KINDERGARTEN** (English)
 BILINGUAL PROGRAM: PRESCHOOL, PRE-K & KINDERGARTEN (Mandarin)

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 \$40.00 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.

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 # _____

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