

## preschool + kindergarten

## **WAITLIST FORM**

	January 2024		preparatory for I Classes	,	September 2	024
Date of	Application:	Day / Month / \	/ear			
STUDE	ENT NAME:		Firs	st, Middle, Last	Name	
	Date:				M F	
Parent/	Guardian's Nai	me:				
Addr	ess:		Number / Street / C	City / Postal Cod	de	<del></del>
Hom	e E-mail Addre	ess:			<del></del>	
Please	indicate the cla	ass session y	ou prefer for you	r child:		
			y Class <b>(kinderg</b> a M – 3:30pm	arteners m	nust enroll in t	this class)
	[	(8:30 A	ig Class AM – 11:30 AM) ay – Friday)			
How die	d you learn of N	/lorgan Cree	k Montessori?			
Why do	you wish for y	our child to a	attend Morgan Cr	eek Montes	ssori?	

You will be contacted at the date of registration if you wish to proceed with an application. Morgan Creek Montessori reserves the right to make modifications to the program and tuition fees.