



## **Waiting List Form**

Name of Child: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_ Date planning to start: \_\_\_\_\_

Name of Parent: \_\_\_\_\_

Tel: \_\_\_\_\_ Email Address: \_\_\_\_\_

Where did you hear about us; \_\_\_\_\_

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

*Casa Montessori does not charge any fees or deposits when your child's name is added to the waiting list.*

*Casa Montessori will maintain confidentiality of all information received on this form.*

\_\_\_\_\_  
Directress's Signature

\_\_\_\_\_  
Date Received