



Wait List Form

Date Submitted: _____

Requested Start Date: _____

School Programs (please select all that apply)

Full Day Program 9:00am – 3:30pm

2 Full-Days (T/TH) ☐ 3 Full-Days (M/W/F) ☐ 5 Full-Days (M/T/W/TH/F) ☐ Alternating Kindergarten ☐

Morning Program 9:00am – 11:30am

2 Half-Days (T/TH) ☐ 3 Half-Days (M/W/F) ☐ 5 Half-Days (M/T/W/TH/F) ☐

Additional Programs

Morning Care (7:30-9:00am) ☐ Lunch Program (11:45am-12:45pm) ☐ Afternoon Care (3:30-5:00pm) ☐

Child's Information

Child's full name: _____

Address: _____ Postal code: _____

Birth date: _____ Male ☐ Female ☐

Telephone: _____

Parent Information

Mother: _____

Father: _____

Address: _____

Address: _____

Primary Ph# _____

Primary Ph# _____

Alternate Ph# _____

Alternate Ph# _____

Email address: _____

Email address: _____

Business/Profession: _____

Business/Profession: _____

Business name: _____

Business name: _____

Business address: _____

Business address: _____

Business telephone: _____

Business telephone: _____

Siblings:

Name: _____

Birth date: _____

Name: _____

Birth date: _____

Email completed forms to:

LFPmontessori@gmail.com