



Little Footprints

Montessori

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: _____

Home telephone: _____

Home telephone: _____

Cell: _____

Cell: _____

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: _____

Name: _____

Birth date: _____