

AppleSeed International Montessori School

1095 DUNFORD WAY #300 SUNNYVALE, CA 94087 TEL: (408) 260-9333 FAX (408) 260-9933

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:

- ☐ **TODDLER** (18 MONTHS TO 3 YEARS)
☐ **PRESCHOOL, PRE-K & KINDERGARTEN** (2 ½ YEARS & POTTY-TRAINED TO 6 YEARS)
☐ **BILINGUAL PROGRAM** (3 YEARS & POTTY-TRAINED TO 6 YEARS)
☐ **AFTER SCHOOL PROGRAM** (KINDERGARTEN TO 12 YEARS)

PLEASE SELECT A SCHEDULE:

- ☐ **FULL TIME** (7:00-6:00) ☐ **HAPPY BEAR** (8:00-5:00) ☐ **SCHOOL DAY** (9:00-3:00)

AFTER SCHOOL ☐ **12:00 – 6:30** ☐ **2:30 – 6:30** ☐ **3:30 – 6:30** **SCHOOL NAME:** _____

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 INTERNATIONAL 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'CVD _____ RCV'D BY _____ CK # _____ CK AMT _____ RM REQ _____
() RETURNING OR () CURRENT APPLESEED FAMILY PREVIOUS / CURRENT CHILD'S NAME & ROOM # _____

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