



# WAITING LIST FORM

P.O. Box 684 ■ Casper, WY 82602 ■ 265.0249 ■ montessoriofcasper.com

The Montessori School of Casper (MSC) admits children of any race and ethnic or national origin. Consideration will be given to class composition (balance of ages and gender within the class) and available space in the programs. If you choose to pay the \$75 registration fee, you will get priority placement on the wait list, however this does not guarantee a spot for your child at Montessori School of Casper. This fee is 100% refundable, if we do not have availability for your child when he/she is eligible for enrollment. If there is availability for your child and you decline enrollment, the registration fee will NOT be refunded.

A request for placement of my child on MSC's Waiting List for \_\_\_ the toddler program (18 months to 3 years) \_\_\_ the primary program (3-6 years) is hereby made to the Montessori School of Casper:

Child's Name: \_\_\_\_\_

First

Middle

Last

Student's Home Address: \_\_\_\_\_

Zip Code \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age: years \_\_\_\_\_ months \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Business Name & Address: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address \_\_\_\_\_

Business Name & Address \_\_\_\_\_

Please list children in your household who have previously attended MSC:

Where/How did you hear about Montessori School of Casper? \_\_\_\_\_

**By signing this form, I acknowledge that my child is not guaranteed enrollment at MSC. Upon submittal of this form, my child's name will be placed on the wait list and his/her enrollment at MSC is based on availability only.**

**FOR OFFICE USE ONLY**

Signature \_\_\_\_\_

Observation Date \_\_\_\_\_ Child Group Session \_\_\_\_\_ Payment \_\_\_\_\_

Waiting List Form Date \_\_\_\_\_ Contract Date \_\_\_\_\_ Amount \_\_\_\_\_

Prospective Parent Night \_\_\_\_\_ Enrollment: D C WL