## Michigan Montessori Children's Academy 2022-2023 WAITLIST FORM

Child's Name:		[ ] Ma	ale [ ] Female	Birthdate:	
Parents' Names:					
Home Address:					
Phone:					
	sired Enrollment Date: Fall Summer As soon as possible				
Child is Toilet Trained? Yes	No No Will use bathroom, but needs reminders				
Child has attended a school before? Yes No If yes, which school?					
Program You Are Waitlisting For: Toddler Primary (3-6yrs old)			Number of Days/Week:  Please Circle Days Preferred: M, T, W, Th, F		
Hours: (Please check all that apply)  Half-Day (8:30-11:30AM) (8:30-		Before- (7:30-8:30AM)	School Care	After-School Care (3:30PM-6PM)	
<ul> <li>and spaces fill up quickly. Wa</li> <li>If a spot becomes available at will have 48 hours to respond to the next person. However, keep your child's information</li> <li>We give priority to continuing</li> </ul>	aitlist Forms are ac nd you are next on d. If you do not res i if you decline the and move your ch g students, siblings offer spaces on the class, and may give	ccepted on a rolli the waitlist, you pond, we will rer spot yet inform hild's name to the s, and children whe basis of order of e preference to b	ng basis. I will be contact I wove your child I was you wish to re I bottom of the I ho have previous I the waiting lis	usly attended a Montessori st. We try to maintain a healthy	
WAITLIST REMOVAL To be removed from the waitlist, send waitlist.  This form along with a \$50 non-refur		-	·	equest to be removed from the	
ACKNOWLEDGMENT: I have read the Parent or Guardian's Signature:	-			and conditions.	