



Waitlist Application

Child's Name: _____ Gender: Male Female
Child's Preferred Name: _____ Date of Birth: _____
Anticipated Start Date: _____

Parent/Guardian

Name: _____ Email address: _____
Street Address: _____
City: _____ State: _____ ZIP: _____
Home Phone: _____ Cell Phone: _____
Employer: _____ Work Phone: _____
Employer Address: _____
City: _____ State: _____ ZIP: _____

Parent/Guardian

Name: _____ Email address: _____
Street Address: _____
City: _____ State: _____ ZIP: _____
Home Phone: _____ Cell Phone: _____
Employer: _____ Work Phone: _____
Employer Address: _____
City: _____ State: _____ ZIP: _____

Preferred Schedule

Session
<input type="checkbox"/> Full Day (8:30 AM to 4:00 PM)
<input type="checkbox"/> Morning Session (8:30 to 11:45)
<input type="checkbox"/> Afternoon Session (12:45 to 4:00)
* Preference given to full day students

Extended Options
<input type="checkbox"/> AM Care (7:30 to 8:30)
<input type="checkbox"/> PM Care (4:00 to 5:30)
<input type="checkbox"/> Lunch (11:45 to 12:45)

Number of Days
<input type="checkbox"/> 3 Days
<input type="checkbox"/> 4 Days
<input type="checkbox"/> 5 Days

Select Consecutive Days (1st Choice)
<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday

Alternative Consecutive Days (2nd Choice)
<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday

Please note that 3 and 4 day schedules and lunch have limited capacity. While we do our best to accommodate everyone's preferences, your request may not be available. If you would like a schedule change, be sure to indicate all schedule options that you would like to be considered for.

Other Comments: _____

A non-refundable fee of \$50 **must** accompany this form. If accepted, an enrollment fee of \$100 is due with the return of the enrollment packet. Enrollment is not final until a Student Enrollment Agreement is signed and returned to BMM.

Parent/Guardian Signature: _____	Date: _____
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Blue Mountain Montessori School admits students of any race, color, national and ethnic origin to all the rights privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national or ethnic origin in administration of its educational policies, admissions policies and other administered programs.

School Use Only	Date Received:
	App. Fee Paid: