

## **Waitlist Application**

	Application date:  Desired start date:						
Little Flowers Montessori							
sired Campus (Check al	ll applicable)						
☐ Fremont-Ardenwood ☐ Fremont-Stevenson	□ Newark-Birch □ Milpitas	□ Pleasantor		□ Walnut C □ Elk Grove		-	
udent Information							
Student's last name	First	First Middle			Name to use		
Current age	/ Birth da	/ / Birth date (mm/dd/yy)		☐ Male ☐ Female Gender			
Home Street Address		City	State	<u></u> е	Zip		
Home Phone		How did you hear about Little Flow			sori?		
rogram Selection (Check	k all applicable)						
Class □ Toddler (		eschool-2	Preschool-3	□ Pre-K	☐ Kindergarten		
Session	☐ Full-day	□ A.I	M. Program	□ P.M.	. Program		
Days of the week	□ Mon - Fri	□ Mon / Wed / Fri		□ Tue /	'Thu		
Extended hours	☐ Morning	□ Eve	ening	□ Morn	ning & Evening		
arent / Legal Guardian				programs.	E-Mail		
Mother / Guardian's Name	,	Cell Phone	Work Pho	one	E-Mail		
oplications are accepted on a waitlisted. We will notify you be month in advance of the submit the <b>Enrollment Agree</b> all be placed at the bottom of the Name of Parent / Guardie	Ir family when a spa start date. Once you ement with the regis he waitlist.	ce becomes ava are offered spa	ailable for your ace, you will be posit fees. If th	child. We do d given 24	our best to prov hours to ac ice is not accept	∕ide a r ccept	
		_					
	For School	ol Use Only					
	Date Re	ceived Sta	art Date	Class	Director	Signatu	