



WAITING LIST APPLICATION

FAMILY ENROLLMENT FORM

#1Parent / Legal Guardian: <i>Mother</i> <i>Father</i> <i>Guardian</i>			#2Parent / Legal Guardian: <i>Mother</i> <i>Father</i>		
Last Name First Name MI			Last Name First Name MI		
Street Address			Street Address		
City		State	ZIP Code		City
Primary Phone Number			Primary Phone Number		
Employer Name & Address			Employer Name & Address		
Work Phone / Ext.			Work Phone / Ext.		
Email Address			Email Address		

CHILD INFORMATION

Last Name First Name MI			Dentist		Phone
Date of Birth		Sex	Ethnicity		Doctor
Most Recent Physical			Potty Trained Since		
Known Allergies List: _____			Prior Montessori Experience Yes No		
Medication Needed		Yes No	Have you received Birth to 3 Services? Yes No		
Medication Name _____			Has your child received Board of Education		
Desired Start Date _____			Services? Yes No		

WINDSOR DISCOVERY CENTER / WINDSOR MONTESSORI SCHOOL
 TELEPHONE: 860.285.1400 FAX 860.285.1440

Preferred Daily Schedule

(Academic Calendar-Program only operates on school days. Child Care is not included)

- 1/2 day 8:30AM-12:00PM (Academic Calendar)
- 7:30AM-5:00PM
- 8:30AM-3:30PM (Academic Calendar)
- 8:00AM-5:30PM
- Elementary After School ONLY

I understand this form places my child on the waiting list for the next available opening.

Parent / Legal Guardian's Signature: _____ Date: _____

Office Use Only

Wait List Date: _____ Program: _____ Desired Start Date: _____

Enter in Brightwheel by: _____

Follow up Calls / / _____
Follow up Calls / / _____
Follow up Calls / / _____

Space offered Date _____ Program _____