



Good Neighbor Montessori Waiting List Application

Today's Date _____ Requested Start Date _____

Child's Name _____ Birth Date _____

Mother's Name _____ Email _____

Home Address _____

City _____ Zip _____

Home Phone _____ Cell Phone _____

Employer _____ Work Phone _____

Father's Name _____ Email _____

Home Address _____

City _____ Zip _____

Home Phone _____ Cell Phone _____

Employer _____ Work Phone _____

Name of child's previous school _____

How did you hear about our school? _____

Desired schedule Days: M T W TH F Hours _____

Submission of a \$25.00 waitlist fee is required with this form. **This is a non-refundable, non-transferable and entrance to our program is not guaranteed.** This waiting list is not based on a first come first serve basis, but is based on an interview to determine if our program meets the needs of your child. An interview appointment will be arranged with you by the administrator.

4000 Middlefield Rd K4 * Palo Alto, CA 94303 * (650) 493-2777