

BRUSHY CREEK MONTESSORI SCHOOL
Waiting List Request

(Please Print Clearly)

Child's Name: _____ D.O.B.: _____

Parent's Info:

Name _____
(Mother) (Father)

Address: _____

City, Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____
(Mother) (Father)

Employed at: _____
(Mother) (Father)

E-mail Address: _____
(Mother) (Father)

I heard about BCMS from: _____

Please indicate schedule preferences:

___ Full-time (M – F 7AM – 6:30PM) ___ Part-time (Mon, Wed, Fri 8:30AM – 5:30PM)

___ Part-time (M-F 8:30AM – 2:30PM) ___ Part-time (Tues, Thu, 8:30AM – 5:30PM)

Is your child currently potty-trained? _____

Date looking to start: _____

We would start as early as: _____

For Office Use Only

Taken by _____ Fee paid _____