



Montessori School for Young Children  
4727 A Street  
Lincoln, NE 68510  
(402) 489-4366 www.montessorilncoln.org  
MontessoriSchool@windstream.net

## Wait List Application

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City, State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Other Parent/Guardian's Name \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Email address \_\_\_\_\_

Date you hope for child to begin \_\_\_\_\_

► ***Please check all programs and schedules you prefer for your child.*** This will help us maintain the Wait List in the most efficient manner so that your child will be able to attend as soon as possible:

\_\_\_\_\_ I am interested in the Toddler Program (18mos—3yrs) for my child. (8:45-11:45)  
\_\_\_\_ 5 days/week \_\_\_\_ 4 days/week \_\_\_\_ 3 days/week  
\_\_\_\_ Morning (8:45-11:45am) \_\_\_\_\_ Full-day (8:45am-3:45pm)

\_\_\_\_\_ I am interested in the Preschool Program (3—6yrs) for my child.  
\_\_\_\_ 5 days/week \_\_\_\_ 4 days/week \_\_\_\_ 3 days/week  
\_\_\_\_ Morning (8:45-11:45am) \_\_\_\_ Afternoon (12:45-3:45pm) \_\_\_\_ Full-day (8:45am-3:45pm)

\_\_\_\_\_ My child had a sibling or parent attend MSYC. Name(s) of previous student(s):  
\_\_\_\_\_.

### FEES:

A **\$25.00 application fee** must be submitted along with your Wait List Application. This is to cover the administrative costs of maintaining the Wait List. **A non-refundable Enrollment Fee of \$100.00 shall be paid when a guaranteed position is available for your child.** Failure to promptly provide the requested \$100.00 Enrollment Fee may result in a forfeited MSYC position.

If your contact information changes, it is your responsibility to let us know. Also, if you do not respond to our attempts to contact you, we will have to move onto the next child on the Wait List.

I understand I have the ability to withdraw my child if I give 30 days written notice to MSYC prior to the withdrawal being permanent. I also understand that tuition is not subject to adjustment due to illness or absence.

Date applying \_\_\_\_\_ Signature \_\_\_\_\_

Please see other side of sheet.

