



P.O. Box 189 • 27082 Patwin Road • Davis, CA 95617 • Phone (530) 753-2623 • Fax (530) 753-4610
www.redbudmontessori.org

WAITING LIST REQUEST FORM

We have established this waiting list request form since we are receiving many requests from parents whose children are a year and a half or more away from being ready to enter our program. It is to your advantage to record your interest in Redbud Montessori as far ahead of time as you can. Once you return this form, and it is on file, we can keep you informed of where your child is on our waiting list.

New and returning parents complete formal enrollment between February 1st and June 1st preceding Summer or Fall entry. We usually enroll about 12 new children each year. Children are enrolled at a minimum of two years, nine months and potty-trained, through age six (the kindergarten year).

We will contact you as soon as there is an opening for entering Redbud, but please note that priority is given to siblings of currently and/or previously enrolled children at Redbud. Also, we must enroll twenty-four full-time and twelve part-time students per year for budgetary reasons. New children, in general, enroll at full-time tuition for the first year.

Redbud Montessori closely follows the Davis Unified School District calendar. Please be aware that there are seven weeks during the year when care is not offered.

Please submit a \$25.00 non-refundable waiting list fee per child, per year (renewable each January 15), to remain on the waiting list. This fee is not applicable toward other fees and does not guarantee placement in the school.

Date

Signature

Contacted Redbud on: _____

Please notify us of any change in the contact information given on this form or if you no longer wish to have your child on our waiting list.

Thank you for your interest.

Karen K. Gill
Director

Over ►

Child(ren)'s Name(s) _____

Child(ren)'s Birthdate(s) _____
Month/Day/Year

Mother's Name _____

Address _____

Email _____

Home Phone _____ Work Phone _____

Father's Name _____

Address _____

Email _____

Home Phone _____ Work Phone _____

Has your child been in a Montessori program before? Yes No

If yes, please name _____

When would you like your child to enter Redbud Montessori? _____
Month/Year

Waiting List Fee: \$25 X _____ year(s) waiting = \$_____ (submit total amount or pay a yearly fee of \$25, per child, by January 15 to remain on the waiting list for the next school year.)

Which enrollment option would you prefer? Please rank in order of preference.

_____ Full time (7:30 a.m.-6:00 p.m.) Montessori class, plus before and/or after school care

_____ Extended care (8:30 a.m.-3:00 p.m.) Montessori class, plus ½ hour after school care

_____ Morning care (7:30 a.m.-2:30 p.m.) Montessori class, plus one hour before school care

_____ Montessori class only (8:30 a.m.-2:30 p.m.)

I would like to be notified about an opening with *any* enrollment option. Yes No
I would like to be notified *ONLY* for my first choice enrollment option. Yes No

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