



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

Waiting List Application

Child's Name _____ Birth Date _____

Address _____ Home Phone _____

City, State _____ Zip _____

Mother's Name _____ Alternate Phone _____

Father's Name _____ Alternate Phone _____

Date for child to begin _____

► **Please check all below that apply.** This will help us maintain the Waiting 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

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

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

FEES:

A **\$15.00 application fee** must be submitted along with your Waiting List Application. This is to cover the administrative costs of maintaining a waiting list. **A non-refundable enrollment fee of \$50.00 shall be paid when a guaranteed position is available for your child.**

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 Waiting List.

Prices are subject to change. Failure to promptly provide the requested \$50.00 enrollment fee may result in a forfeited MSYC position. I understand I have the ability to withdraw my child if I give 30 days notice to MSYC prior to 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.

