



CONTACT

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Les Petits Artistes

Montessori Centre

WAITING LIST APPLICATION

CHILD'S NAME: _____

BIRTHDATE (YY/MM/DD): _____

SEX (M/F): _____

PARENTS' INFORMATION

PARENT'S NAME: _____

MOBILE: _____

EMAIL: _____

FULL TIME: YES / NO

PART TIME: YES / NO PREFERRED DAYS: MON TUES WED THU FRI

IMPORTANT NOTES:

Registration is based on a first come first served policy. Siblings of the children attending the centre have priority. Being on the waiting list does not entitle the applicant to an automatic acceptance. All information provide is kept confidential and accessed only by **Les Petits Artistes Montessori Centre** staff.

Please verify that the above information is correct and send the form via email. Hard copies of the applications are not accepted as we work only on electronic waiting list.

Signature of Parent / Guardian

Date