



P.O. Box 189 • 27082 Patwin Road • Davis, CA 95617 • Phone (530) 753-2623
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 15th 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 toilet-trained, through age six (the kindergarten year). Children will be considered for the third (kindergarten) year with one or more year of previous Montessori preschool experience.

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 enroll at full-time tuition for the first year. We are a five day a week program.

Redbud Montessori closely follows the Davis Unified School District calendar. Please be aware that there are approximately 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. Payment can be made electronically using ZELLE to karen@redbudmontessori.org for your convenience or a check can be mailed to PO Box 189, Davis, CA 95617. The waiting list form can be scanned and emailed to karen@redbudmontessori.org or mailed to our PO box.

Date

Signature

Contacted Redbud on: _____

Thank you for your interest.

Karen Gill
Director

Over ►

Child(ren)'s Name(s) _____

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

Parent/Guardian Name _____

Address _____ Zip Code _____

Email _____

Contact Phone _____

Parent/Guardian Name _____

Address _____ Zip Code _____

Email _____

Contact 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 initial