

**KHALSA MONTESSORI SCHOOL
INFANT WAITING LIST**

Office Use Only

Date Received

Contacted

Please place my child, _____ on the Khalsa School waiting list.

My child's birth date is: _____.

PROGRAM & HOURS

I would like my child in the following Khalsa School Program:

PROGRAM:

_____ Part time (up to 30 hours per week)

_____ Full time (more than 30 hours per week)

SCHEDULE:

_____ *Early Care (7:00 – 8:30) M T W TH F (circle)

_____ Full Day (8:30 – 3:30) M T W TH F (circle)

_____ *After Care (3:30 – 4:30) M T W TH F (circle)

**SPACE IS LIMITED*

Families will be notified as spaces become available. Children over 14 months are eligible for our Toddler Program. Please call the school to request a Toddler School waiting list when your child reaches 14 months of age.

Parent's Name: _____

Address: _____

City, State: _____ Zip Code: _____

Home Phone #: _____ Work Phone #: _____ Cell Phone#: _____

Email: _____

The best way to contact me is (please circle): Home Phone Work Phone Cell Phone Email

Parent Signature _____

Referred by: _____

Please complete and return to:
**KHALSA MONTESSORI SCHOOL
3701 E. RIVER ROAD
TUCSON, AZ 85718**