

# Rockridge Montessori School

5633 Manila Ave.  
Oakland, CA 94618

5610 Broadway  
Oakland, CA 94618

510.652.7021

[admin@rockridgemonessori.org](mailto:admin@rockridgemonessori.org)

## Waitlist/Registration Application

Child's First Name \_\_\_\_\_ Child's Last Name \_\_\_\_\_

Age \_\_\_\_\_ Child's Date of Birth \_\_\_\_\_

Parent's Name \_\_\_\_\_ Work Phone \_\_\_\_\_  
Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
City \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address \_\_\_\_\_

Parent's Name \_\_\_\_\_ Work Phone \_\_\_\_\_  
Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
City \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address \_\_\_\_\_

Program Interested in        Infant/Toddler (12-24 months)        Preschool (2-5 years)

Program Schedule        8:45 – 2:45        7:30 – 6:00

Program Days (first choice)     Monday     Tuesday     Wednesday     Thursday     Friday

Program Days (second choice)     Monday     Tuesday     Wednesday     Thursday     Friday

*Parents choosing a three-day a week option **must** include either a Monday or Friday.*

Child's Requested Start Date \_\_\_\_\_

\_\_\_\_\_ Enclosed is a non-refundable **\$75.00 Waitlist/Registration Fee**. Notification of availability will be given in April 2010 if space is available for the upcoming school year. The waitlist/registration fee can only be applied to the upcoming school year.

\_\_\_\_\_ Enclosed is the non-refundable **\$75.00 Waitlist/Registration Fee** and a 2-month's deposit to secure a space in the 2010-2011 school year. The 2-month's deposit guarantees acceptance into the Rockridge Montessori School, based on the availability at the time it is received. RMS will send the next steps to enrollment.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_