

**Wait List Application**

If you want your child to be placed on our waiting list, please print this form and mail with payment to:

**Administrative Director**

**Montessori Children's House of Hyde Park**

**2416 W. Cleveland Street**

**Tampa, FL 33609**

**Note:** make your check payable to MCHHP in the amount of \$25

CHILD'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_\_

CHILD'S BIRTH DATE: \_\_\_\_\_

YEAR OF ATTENDANCE DESIRED: \_\_\_\_\_

PARENT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**MONTESSORI INTERNAL USE ONLY:**

DATE RECEIVED: \_\_\_\_\_