



The Montessori Children's House of Hyde Park Waitlist Application

If you would like for 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: (_____) _____ - _____

EMAIL ADDRESS: _____

CHILD'S BIRTH DATE: _____

YEAR OF ATTENDANCE DESIRED: _____

PARENT SIGNATURE: _____

DATE: _____

MONTESSORI INTERNAL USE ONLY:

DATE RECEIVED: _____