



Clay-Platte Montessori School Wait-list Placement Form

Child's full name: _____ DOB _____
Month Day Year

Address: _____
Street City State Zip

Telephone () _____ M ___ / F ___
Home phone

Parents' Names _____

daytime phone numbers

Names and ages of brothers and sisters _____

Name Age

_____ Name Age

Previous school your child has attended _____

Program preferred:

Pre-Primary (ages 24 mo. – 36 mo.) _____ 2 day or 3 day
½ day am

Primary (ages 3 – 6 yrs.) _____
½ day am ½ day pm Full day

Elementary _____ Junior _____ Middle School _____

Desired Enrollment Date: _____
Month Year

Please send this form, along with a \$10 non-refundable processing fee to:

Clay-Platte Montessori School
5901 NW Waukomis Dr.
Kansas City, MO 64151

If you have not received confirmation within 2 weeks, please call our office at: 816- 741-6940