



EXPRESSION OF INTEREST FORM

PARENT (GUARDIAN) INFORMATION

Parent (Guardian) Name	
Address	
Phone Number	E-mail

CHILDREN TO BE WAITLISTED

Child's First and Last Name	Date of Birth (YY/MM/DD)	Start Date Required	Gender	Male Female	5 days/week 4 days/week 3 days/week
Child's First and Last Name	Date of Birth (YY/MM/DD)	Start Date Required	Gender	Male Female	5 days/week 4 days/week 3 days/week
How did you find about Montessori Bambini Preschool? Internet WCCRR Relatives/friends Other			Submission Date		

Montessori Bambini FCC
 1516 Burnaby Street, Vancouver, BC
 Website: www.montessoribambini.com

Phone: 778-997-2554
 E-mail: montessoribambini.fcc@gmail.com

COMMENTS:

Please complete this form and return to montessoribambini.fcc@gmail.com. Please be sure to provide your email address and phone number so we can notify you when we have a space available for your child.