



## 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	WCCCR	Relatives/friends	Other		

**Montessori Bambini FCC**  
 Broughton Street, Vancouver, BC  
 Website: [www.montessoribambini.com](http://www.montessoribambini.com)

Phone: 778-997-2554  
 E-mail: [montessoribambini.fcc@gmail.com](mailto:montessoribambini.fcc@gmail.com)

### COMMENTS:

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Please complete this form and return to [montessoribambini.fcc@gmail.com](mailto: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.