

Nature's Point Preschool Enrollment Inquiry/ Waitlist Form

Today's Date: _____

Child's Name: _____ Date of Birth: _____

Full-Time Preschool (Monday-Friday// 4 Days a week constitutes as full-time)

Part-Time Preschool: **3 Days Per Week**

Days Requested (please circle):

Monday Tuesday Wednesday Thursday Friday

Part Time Preschool: **2 Days Per Week**

Days Requested (please circle):

Monday Tuesday Wednesday Thursday Friday

Anticipated Start Date: _____

Parent/Guardian Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Phone Number: _____

2nd Parent/Guardian Name: _____

(only provide if applicable)

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Phone Number: _____

This form can be emailed to:

Katie@naturepointpreschool.com

Or Mailed to:

Katie Fluharty

39 Upper Bartonsville Road,

Chester, Vermont, 05143

Call: 603-209-6832 with any questions