

**NEIGHBORHOOD PRESCHOOL
WAIT LIST RESERVATION FORM**

Return to: Neighborhood Preschool, 115 High Street, Middletown CT 06457

Parent name Last: _____ First: _____
Parent name Last: _____ First: _____

Submitted on Date: _____

Program ____ infant/toddler ____ preschool

Child's (anticipated) Date: _____
DOB

Home address _____

Office Use

Phone number(s) # _____ best time to call: _____
_____ best time to call: _____

E-mail address _____

Additional information on child, timeframe you are interested in:

Received at NPS by: _____ Date: _____