

**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:

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Received at NPS by: \_\_\_\_\_ Date: \_\_\_\_\_