



Wait List Application

Today's Date: _____

Child's Name	Sex	Current Age	Birth date or Due Date
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Home Address	Home Telephone
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Parent/Guardian #1's Name	Email Address	Cell Phone Number
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Parent/Guardian #2's Name	Email Address	Cell Phone Number
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Please indicate choice of enrollment option:

_____ 12-month schedule (child will attend year-round)

_____ 10-month schedule (child will not attend during the months of June and July)

If applying for part-time care, please state if you prefer _____ M/W/F or _____ T/TH (part-time care is not available for the infant class).

Is there additional information that you would like to share?

To secure your family's spot on the wait list please submit this application along with a non-refundable application fee of \$25 payable to The Nest Nursery School, Inc. in person, by email, or via mail to the address below.