



Office Use Only: _____
Received: _____
Contact date: _____

## Jack and Jill School Wait List Form

If you would like to secure a place for your child on the Jack and Jill School wait list, please fill out this form and return it to us in person, by mail or fax:

**Mailing Address:** Jack and Jill School  
 56 Whitehall Road  
 Rochester, NH 03867

**Fax:** 603-332-3175

When an opening becomes available for your child the Program Administrator will contact you using the information provided below. *You will have 48 hours to notify us that you are still interested in the position and at that time you will be required to submit your completed enrollment form and fee to guarantee your spot.* If we do not hear from you within the 48 hours we will move to the next family on the wait list.

\_\_\_\_\_ M or F  
 Child's Name Date of Birth Gender

\_\_\_\_\_  
 Parent(s)/Guardian(s) Name(s)

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 Telephone Number(s)

\_\_\_\_\_  
 E-mail address

*Please **select & circle** the program you are interested in:*

**Full Days** (6:45am-5:30pm) or **Half Days** (8:30am – 12:45pm Preschool) (8:45 – 1 Pre-K)

\*Early Preschool full days only

- Early Preschool (starts at 30 months) **select & circle** (5 days, 3 days M/W/F, 2 days T/TH)
- Preschool 3's: **select & circle** (5 days, 3 days M-W-F or 2 days T-TH)
- Pre-kindergarten: **select & circle** (5 days, 3 days M-W-F or 2 days T-TH)

When would you like your child to start? \_\_\_\_\_

Is your child fully potty trained? **Y or N**

Does your child have a sibling attending Jack and Jill School or on the wait list? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
 Parent(s)/Guardian(s) Signature

\_\_\_\_\_  
 Date