

Preschool Application Form

Date:				
Child's Name:		Date of Birth:		
Parent/Guar	dian:	Email:		
Physical Add	Iress:			
Mailing Addr	ess:			
Phone: Home:		ork:Cell:		
Parent/Guardian:		Email:		
Physical Add	lress:			
Mailing Addr	ess:			
Phone: Home:		rk:Cell:		
	k your first choice of school (3 to 5 days available)			ailable)
Circle the da	ays and times that you wo	uld like your o	child to attend preso	chool:
Monday	Half Day (free) 8-11:30	Extended I	Day (\$20) 11:30-3	After Care (\$15) 3-5
Tuesday	Half Day (free) 8-11:30	Extended I	Day (\$20) 11:30-3	After Care (\$15) 3-5
Wednesday	Half Day (free) 8-11:30	Extended I	Day (\$20) 11:30-3	After Care (\$15) 3-5
Thursday	Half Day (free) 8-11:30	Extended I	Day (\$20) 11:30-3	After Care (\$15) 3-5
Friday	Half Day (free) 8-11:30	Extended I	Day (\$20) 11:30-3	After Care (\$15) 3-5

For Out of District Families: The first three mornings of the week will be paid for by the sending district through ACT 166. Families are required to pay \$20 for any additional mornings.

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