



Preschool Application Form

Child's Name: _____ Date of Birth: _____

Parent/Guardian(s): _____ Date: _____

Address: _____

Phone: Home: _____ Work: _____ Cell: _____

Email: _____

Please check your first choice of school placement:

Samuel Morey (3 to 5 days available) _____ Westshire (3 to 5 days available) _____

Circle the days and times that you would like your child to attend preschool:

| | | | |
|-----------|-------------------------|--------------------------|--------------------------|
| Monday | Half Day (free) 8-11:30 | Afternoon (\$20) 11:30-3 | After Care (\$15) 3-5:30 |
| Tuesday | Half Day (free) 8-11:30 | Afternoon (\$20) 11:30-3 | After Care (\$15) 3-5:30 |
| Wednesday | Half Day (free) 8-11:30 | Afternoon (\$20) 11:30-3 | After Care (\$15) 3-5:30 |
| Thursday | Half Day (free) 8-11:30 | Afternoon (\$20) 11:30-3 | After Care (\$15) 3-5:30 |
| Friday | Half Day (free) 8-11:30 | Afternoon (\$20) 11:30-3 | After Care (\$15) 3-5:30 |

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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Parent/Guardian Comments: