



## Waiting List Form

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent's Guardian's name(s): \_\_\_\_\_

\_\_\_\_\_ :

Address: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Requested hours:

Monday  Tuesday  Wednesday  Thursday  Friday

From: \_\_\_\_\_ am pm To: \_\_\_\_\_ am pm

Date: \_\_\_\_\_

Please complete this form and email it to <theappleseeds@comcast.net>  
or print and mail this form back to:

Appleseeds Day School  
15 Hampton Road  
Exeter, NH 03833

We will contact you as soon as a spot opens up for your child. We look forward to traveling along this journey with you and your child!