



## Enrollment Inquiry Form

Date of Inquiry: \_\_\_\_\_

Desired Start Date: \_\_\_\_\_

Child(ren) name(s) & date of birth: \_\_\_\_\_

Please indicate the program that you are interested in:

- Lee location on Pinkham Road (Ages 6 week – 6 Years)
- Durham location in Woodside Community Building (Ages 2 years – 6 years)
- “Our Time” After School Program at Moharimet Elementary School in Madbury
- School Age Summer Camps at Moharimet Elementary School in Madbury

Please indicate your desired schedule (full time, part time,\*half days, etc.): \_\_\_\_\_

Do you have any flexibility with this desired schedule: \_\_\_\_\_

\*Please note that the half day is not an option in our Infant & Toddler Programs

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

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

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

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

Do you currently have a child attending a Growing Places Program? \_\_\_\_\_

Have you ever had a child in one of our Growing Places Programs? \_\_\_\_\_

Has your child ever attended other childcare / preschool programs: \_\_\_\_\_

Please indicate any diagnosed special needs or allergies: \_\_\_\_\_

How did you hear about us: \_\_\_\_\_

Is there anything else you would like to share: \_\_\_\_\_

Please fax your waitlist form to 603.815.4946 or email to your choice below:

Lee Location ([pinkhamroad@growingplacesnh.org](mailto:pinkhamroad@growingplacesnh.org))

Durham Location ([woodside@growingplacesnh.org](mailto:woodside@growingplacesnh.org))

School Age Programs Moharimet Elementary School ([moharimet@growingplacesnh.org](mailto:moharimet@growingplacesnh.org))

