CHILDREN'S INTERNATIONAL SCHOOL
Pre-Registration Form

4347 Arlington Blvd, Arlington, VA 22203
PHONE (703) 525-0593
Please email this form to maria@childrensinternationalschool.com

_____
Name of Parent(s)/Guardian(s)

_____ _____/_____/_____
Child's Name Date of Birth/Due Date

_____
Address

_____ _____ _____
Home Phone Cell Phone Work Phone

_____ _____
Email Address Ideal Start Date

Please sign and submit this form only if you agree to the school policies listed below.

By signing this form, I acknowledge and agree to the following policies:

- **I understand that the $50 registration fee required with this form is non-refundable and non-transferable.**
- **Paying the registration fee confirms my child's pre-registration for the Children's International School Arlington Blvd location. I understand that enrollment is not finalized until CIS confirms classroom availability, start date, and completion of all required enrollment forms.**

_____ _____
Parent/Guardian Signature **Date**

FOR OFFICE USE ONLY:

Check #_____ Registration Fee: $_____ Date:___/___/___

Date	Name of Parent Contacted	Notes:
_____	_____	_____
_____	_____	_____