

Children's International School

Waiting List for Registration

Date: _____

Child's Name: _____ Sex: _____
Birthday: _____

Mother's Name: _____
Home Phone: _____ Work Phone: _____
Cell Phone: _____ E-mail: _____
Address: _____
_____ Zip: _____

Mother's Occupation: _____
Employer/Address of Business: _____
_____ Zip: _____

Father's Name: _____
Address (if different): _____
_____ Zip: _____

Home Phone (if different): _____ Work Phone: _____
Cell Phone: _____ E-mail: _____
Father's Occupation: _____
Employer/Address of Business: _____
_____ Zip: _____

Date of Submitted Application: _____
Amount of Fee: _____ Check Number: _____
Requested Date to Start: _____ and/or when available: []

Telephone Contacts for Update:

For Office Use Only
Contacts/calls made:

Projected Date for Enrollment: _____ Class Enrollment: _____