

**Wait List Application**  
**Children's International School**  
**4347 Arlington Blvd**  
**Arlington, VA 22203**

\_\_\_\_\_  
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

**IMPORTANT: PLEASE SIGN AND SUBMIT THIS FORM TO Children's International School ONLY IF YOU AGREE TO THE SCHOOL POLICIES MENTIONED BELOW**

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

- I understand that the registration fee of \$50 that is required with this form is non-refundable and non-transferrable.
- Paying the registration fee mentioned above secures a space for my child on the wait list of the Children's International School (CIS) location where it was submitted, but it does not guarantee a specific date on which a space for my child will become available.
- NOTE: Children's International has three locations, each with its own waiting list.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY:**

Check # \_\_\_\_\_ Registration Fee: \$ \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Date    Name of Parent Contacted    Notes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_