

Wait List Application
Children's International School
1227 North Scott Street
Arlington, VA 22209

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:

