



KINDERHAUS WAIT LIST FORM

Please print this form, fill out using blue or black ink. Each child you would like to place on the wait list needs his/her own form filled out and a wait list fee submitted

Today's Date: _____ Requested Starting Date: (MM/DD/YYYY) _____

CHILD'S INFORMATION:

Name: _____ Male Female

DOB or Due Date: (MM/DD/YYYY): _____

KinderHaus Alumni or current sibling Yes No Sibling Name: _____

PARENT/GUARDIAN INFORMATION:

Mr Mrs Ms Dr

Name: _____

Home Number: _____ Work Number: _____

Cell Number: _____ Email Address: _____

Mr Mrs Ms Dr

Name: _____

Home Number: _____ Work Number: _____

Cell Number: _____ Email Address: _____

Mailing address: _____

KINDERHAUS LOCATION PREFERENCE:

(please circle location or rank 1st or 2nd choice)

_____ Chevy Chase KinderHaus (5307 Connecticut Ave. NW, Washington, DC)

_____ Cleveland Park KinderHaus (3400 Lowell St. NW, Washington, DC)

How did you hear about KinderHaus? word of mouth? KinderHaus Parent? Other: _____

I, _____, understand that by submitting this form along with a \$50.00 wait list fee does not guarantee my child a space at KinderHaus. I understand that I will be contacted if there is a space available.

Signature: _____ Date: _____

This completed form should be mailed along with your \$50.00 wait list fee to:

KinderHaus, 3400 Lowell St. NW, Washington, DC 20016 Attn: Wait List

Office Use Only

Received form & wait list fee: _____

Check number: _____

Mailed brochure: _____

Tour date & time: _____

Offered space: _____

Accepted or declined space: _____

Classroom: _____

Start date: _____