



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: _____

Mom's Name: _____ Dad's Name: _____

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

Or Due Date: _____

When do you need child care? Month: _____ Year: _____

Which location? Please circle location or rank 1st and 2nd choice by the schools name.

_____ Chevy Chase (5307 Conn. Ave. NW, Washington, DC 20015)

_____ Cleveland Park (3400 Lowell St. NW, Washington, DC 20016)

Mailing address: _____

Home Number: () _____ Work Number: () _____ Cell Number: () _____

Email address: _____

(Providing an email address will help us schedule a visit to our schools)

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: _____

Please make checks payable to KinderHaus.

Office Use:

Received Payment: _____ Date: _____ Check Number: _____