



Pre Enrollment Registration Form

Please include the following information with your \$100.00 non-refundable pre-enrollment fee. When your registration form and fee are received, you will be placed on a waiting list.

We will contact you on the availability of a space and the enrollment process. If you are offered a space, a 4 week deposit is required to reserve it. (This amount is a credit toward your last 4 weeks of enrollment when you notify the center one month in advance after the first year of enrollment) All information is kept strictly confidential.

Child's Name: Birth Date: / / M F

Father's Name: Driver's License No.

Address: City:

State: Zip Code:

Home Phone: E-mail:

Father's Business Place: Business Phone:

Business Address: Work Hours:

Mother's Name: Driver's License No.

Address: City:

State: Zip Code:

Home Phone: E-mail:

Mother's Business Place: Business Phone:

Business Address: Work Hours:

Attendance (9 hour period between the hours of 7:00 am. To 6:00 pm.)

Time: From To Days: Mo Tu We Th Fr Date you would like to start.

***Please mail this form to:
2201 South Fern, Arlington VA 22202.***