

Westgate Child Center
1609 Great Falls Stret . McLean . VA 22101
(703) 893-6372 * Fax 821-2026
www.westgatechildcenter.org

WAITING LIST – REGISTRATION

Child's Name: _____

Date of Birth: _____ Sex: (Circle) – M or F

Address: _____ Home Phone #: _____

Mother's Name /Guardian: _____ Cell Phone #: _____

Employer & Work Address: _____ Work Phone # _____

_____ E-Mail address: _____

Father's Name: _____ Home Phone #: _____

_____ Cell Phone # _____

Employer & Work Address: _____ Work Phone # _____

_____ E-Mail address: _____

Person(s) having legal custody of child: _____

Chronic Physical problems or pertinent developmental information:

Name of a contact person if parents/guardian cannot be reached:

Name: _____ Phone # : _____

Address: _____

Relationship to child : _____

If child attends another school/program, please provide its name: _____

Is the child fully potty trained: Yes No In Process

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I hereby register my child _____ in the waiting list of Westgate Child Center.
I agree to pay a non-refundable registration fee of \$ 50.00. I understand that there is no guarantee of my child's acceptance to the Center. However, Parents will be informed as soon as an opening is available.
The child's registration will be kept on file for a period of three years.

Parent Signature: _____ Date: _____