

Phone: 703-837-0237
Fax: 703-842-8851
www.americandayschool.com



Wait List Application

Please mail this form to: American Day School
P.O. Box 26384, Alexandria, VA 22313

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 AMERICAN DAY 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 \$100 (first child) and \$75 (each additional child) that is required with this form is non-refundable.
- Paying the registration fee mentioned above secures a space for my child on the wait list of American Day School (ADS), but it does not guarantee a specific date on which a space for my child will become available.
- I understand that my child will be on the ADS waitlist initially for 12 months from the date this form is dated. I may extend the length of time that I would like to remain on the waitlist by contacting ADS before the expiration of the 12-month period at no charge. ADS will send me an email to the email address above about one month prior to the expiration of the 12-month period. I understand that if I do not request an extension and/or do not respond to the email ADS sends me, ADS will assume that I want to be removed from the waitlist.

Parent/Guardian Signature

Date

FOR OFFICE USE ONLY:

Check # _____ Registration Fee: \$ _____ Date: ___/___/___

Date/Name of Parent Contacted/Notes:

