

Please complete the form below and fax or mail it along with a check for the \$25 non-refundable waitlist fee to:

The Cedarhouse School
2301 Colony Crossing Place
Midlothian, VA 23112
Fax #: 703-991-8359

Desired Start Date: _____

	Child's Name	Birth Date	Schedule Desired	Other schedules you would consider
Ex.	Mary Smith	4/23/03	<input type="checkbox"/> FT (5 full days/week) <input checked="" type="checkbox"/> PT, days of week <u>M, W, F</u>	
1.			<input type="checkbox"/> FT (5 full days/week) <input type="checkbox"/> PT, days of week _____	
2.			<input type="checkbox"/> FT (5 full days/week) <input type="checkbox"/> PT, days of week _____	
3.			<input type="checkbox"/> FT (5 full days/week) <input type="checkbox"/> PT, days of week _____	

CONTACT INFORMATION:

Name: _____

Home Phone: _____

Cell Phone: _____

E-mail: _____

Office Use Only	<input type="checkbox"/>
Rec'd: _____	