Rosslyn Children's Center

1101 Wilson Blvd. P.O. Box 20036

Arlington, VA 22219

OFFICE USE ONLY
form & payment rec'd:

Date:_____ Check #_____

sibling of:
☐ curr. ☐ alum ☐ WL

entered to:
☐ QB ☐ WL

Waitlist Application

(please print clearly)

Name of Child: _____ Date of Birth: _____

Languages Spoken at Home: _____ Gender: _____

Date care is needed: _____

Program of interest:

☐ Infant (8 weeks – 12mo) ☐ Toddler (13mo – 24mo) ☐ Preschool (3yrs – 5yrs)

Parent or Guardian Information: (please print clearly)

Name: _____ Email: _____ Home phone: _____

Address:

_____

Street City State Zip Work /Cell phone

How did you hear about RCC?

Tell us about your family/child:

For Office Use Only:

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