



WESTGATE CHILD CENTER

1613 GREAT FALLS STREET SUIT 101A* MCLEAN * VIRGINIA 22101.
(703) 893 - 6372 * Fax: (703) 821 - 2026. www.westgatechildcenter.com

Waiting List-Registration

Child's Name: _____

Date of Birth: _____

Sex (Circle)- M or F

Address: _____

Mother's Name: _____

Home Phone # _____

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 contact person if parents/guardian cannot be reached:

Name: _____ Phone number# _____

Address: _____

Relationship to child: _____

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

Is child fully potty trained: Yes No In Process

I hereby register my child _____ on the waiting list of Westgate Child Center. I agree to pay a non-refundable registration fee of \$75.00. 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 year.

Parents Signature: _____ Date: _____