

Fablis Daycare Waitlist Form

Child Information

First Name:	Last Name:
Date of Birth:	Home Address:

Parent/Guardian Information

Parent/Guardian First Name:	Parent/Guardian Last Name:
Cell Phone Number:	Email Address:

Parent/Guardian First Name:	Parent/Guardian Last Name:
Cell Phone Number:	Email Address:

Requested Starting Date:	
--------------------------	--

This agreement covers the use and purpose of the deposit of **\$500** provided by the parent/guardian to Fablis Daycare to reserve a space for their child (\$300 will go towards first month's tuition and \$200 towards a service fee). Parent/Guardian upon signing this agreement, are fully responsible for the tuition for the month they have requested, should a spot become available. For the deposit, please make a check payable to "Shima Mohammad" for \$500.00 mailed to 923 N Edgewood St. Arlington, VA 22201.

Parent/Guardian Signature

Date

Provider Signature

Date