

Cherry Blossoms Daycare Waitlist Form

Child Information

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

Parent/Guardian Information

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

Requested Approximate Starting Date:	
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This agreement covers the use and purpose of the deposit of \$100 provided by the parent/ guardian to Cherry Blossoms Daycare to reserve a space for their child. 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 “Hangama Nooristani” for \$100.00 mailed to 34 Varone Dr. Stafford, Va 22554.

Parent/Guardian Signature

Date

Provider Signature

Date