

Abracadabra

Child Care and Development Center
700 Commonwealth Ave.
Alexandria, VA 22301
abracadabraccva@gmail.com

Wait List Form

*****A \$75.00 application fee must accompany each application.**

This does not guarantee placement but will put you on the waiting list.

Waiting list fee is non-refundable. Priority is given to sibling children.

You will be notified by EMAIL if/when a slot becomes available.

Please print email address clearly. **This form is 2 pages.**

Email Address: _____

Name of Child: _____

Birth Date: _____ Sex: F/M (Circle One) _____

Complete Home Address: _____ Phone _____

Previous/Concurrent Child Care Programs attended (required by state law)

1. _____

2. _____

PARENTS/GUARDIAN

1. Parent _____ Employer _____

Work Phone _____

Cell Phone: _____ Home Address (if different from
child) _____

2. Parent _____ Employer _____

Work Phone _____

Cell phone: _____ Home Address (if different from
child) _____

When would you like your child to start at Abracadabra?

Hours needed: _____
How did you hear about Abracadabra? _____

SIGNATURE

Parent or Guardian _____ Date _____

For Office use only:

_____ Date toured _____ Waiting list fee _____ check number _____ date received