

Little River  Day School

6481 Little River Turnpike
Alexandria, VA 22312
703-642-5911
LittleRiverDS@gmail.com

WAIT LIST FORM

Name of parent(s) or legal guardian(s)	Telephone no.
Mailing address	E-mail address
Name and DOB of your child(ren)	Date on which you would like your child(ren) to start

I understand the non-refundable registration fee of \$70.00 that is required with this form secures a space for my child on the wait list of Little River Day School, but it does not guarantee a specific date on which a space at LRDS will become available.

Parent/Guardian signature: _____ Date: _____

FOR OFFICE USE ONLY

Registration fee \$	Check No. #	Date
------------------------	----------------	------

Received by _____

Name of parent contacted / Date/ Parents comments
