

# Inquiry Sheet

Date: \_\_\_\_\_

Parent's Names: \_\_\_\_\_

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

## Contact Information:

Mom: Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Dad: Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Email Address: \_\_\_\_\_

**Program:**    Infant            Young Toddler    Toddler            Early Preschool

                  Preschool            Kindergarten Readiness

**First Choice:**            M    T    W    R    F

**Second Choice:**        M    T    W    R    F

**Need Care Beginning:** \_\_\_\_\_

**Wait List Fee:** \_\_\_\_\_ amount paid and check #

## Follow Up:

**Date:** \_\_\_\_\_ **Notes:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Notes:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Notes:** \_\_\_\_\_