

SCHOOL INTEREST FORM

Today's Date:	🛛 Phone Call 🔤 V	Phone Call 🛛 Walk-in 🖓 Administrator:	
Date of Tour: Time of Tour:		our:	
Parent/Guardian Information			
Parent/Guardian Name:			
Address:	City:	ST: Zip:	
Home Phone:	Cell Phone:		
Work Phone:	Email:		
Child Information			
Name of Child 1:	DOB:	Sex: M F	
Name of Child 2:	DOB:	Sex: M F	
Name of Child 3:	DOB:	Sex: M F	
Program PreferenceProgram Interested In:DaycareType of Enrollment:IntegratedDay:Full-Day			
Related Services Needed:			
Preferred Enrollment: □ Fall □	Summer		
Referred by:			
How did you hear about us?			
Site Use Only Information/ Tour Given By:			
Comments/Notes:			
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