



SCHOOL INTEREST FORM

Today's Date: _____ Phone Call Walk-in Administrator: _____

Date of Tour: _____ Time of Tour: _____

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

Is your child currently enrolled in School? Yes No

If so, where? _____

Program Preference

Program Interested In: Daycare Preschool Afterschool

Type of Enrollment: Integrated Self-Contained N/A

Day: Full-Day Half-Day After School

Related Services Needed: _____

Preferred Enrollment: Fall Summer

Referred by: _____

How did you hear about us? _____

Site Use Only

Information/ Tour Given By: _____

Comments/Notes: _____

