

FAMILY INFORMATION		
DATE	CHILD'S NAME	CHILD'S DATE OF BIRTH
ANTICIPATED START DATE	CHILD'S NAME	CHILD'S DATE OF BIRTH
HOME ADDRESS		HOME PHONE NUMBER
PARENT #1 NAME	PARENT # 1 EMPLOYER	WORK NUMBER:
PARENT #2 NAME	PARENT # 2 EMPLOYER	WORK NUMBER:

TYPE OF PROGRAM or SERVICE REQUESTED		
MY FRIEND'S HOUSE LICENSED CHILD CARE PROGRAM		
EARLY START (BEFORE 7AM)		DROP IN CARE (HOURLY RATE WHEN AVAILABLE)
ANTICIPATED DATE OF CARE: MON. TUES. WED. THURS. FRI. DROP OFF TIME: _____ PICK UP TIME: _____		

Tell Us How You Heard About Our Program?

Additional Information:

Yes No	1 A. HAS YOUR CHILD BEEN ENROLLED IN A LICENSED CHILD CARE PROGRAMS BEFORE? PLEASE CIRCLE: <div style="display: flex; justify-content: space-around;"> IN HOME CENTER </div>	Yes No	2. IS YOUR CHILD POTTY TRAINED?
Yes No	1 B. HAVE YOU EVER BEEN ASKED TO LEAVE A CHILD CARE PROGRAM? IF SO, WHY?	Yes No	3. DOES YOUR CHILD NEED ANY SPECIAL ACCOMMODATION? IF YES, PLEASE TELL US MORE:

What is most important to you when looking for a child care program?

What makes a child care program "successful" to you?

Tell us about your parent "Style" or "Philosophy"

What attracted you most about our program?



Additional Comment or Questions?

SIGNATURES

PARENT SIGNATURE:

DATE:

PARENT SIGNATURE:

DATE: