



Inquiry Form

Child's Full Name: _____

Date of Birth: _____ Gender: _____ Age at Start: _____ Start Date: _____

Parent/Guardian Information

- Father's Name: _____
- Occupation: _____
- Phone: _____ Email: _____
- Mother's Name: _____
- Occupation: _____
- Phone: _____ Email: _____

Home Address: _____

Kindly tell us how did you hear about us?

Please check the boxes in the Table to indicate the hrs. and days of child care required.

| Time Slot | Monday | Tuesday | Wednesday | Thursday | Friday |
|-------------|--------|---------|-----------|----------|--------|
| 7:00–8:00 | | | | | |
| 8:00–9:00 | | | | | |
| 9:00–10:00 | | | | | |
| 10:00–11:00 | | | | | |
| 11:00–12:00 | | | | | |
| 12:00–1:00 | | | | | |
| 1:00–2:00 | | | | | |
| 2:00–3:00 | | | | | |
| 3:00–4:00 | | | | | |
| 4:00–5:00 | | | | | |
| 5:00–6:00 | | | | | |

- Father/Mother's Signature: _____ Date: _____
- Guardian's Signature: _____ Date: _____
- Provider's Signature: _____ Date: _____

Please print, fill the form and email it to poonamsteven16@gmail.com. Or send by message to 315-766-7892. We will respond with the availability information.

Please feel free to call/text us at 315-766-7892 for any queries.