



Date: _____

1. Name(s) of Parent(s): _____
Address Line 1: _____ Line 2: _____
City: _____ State: _____ Zip Code: _____
Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____
Email: _____ Preferred contact method? _____
2. Name of Child: _____ Date of Birth: _____
Name of Child: _____ Date of Birth: _____
Name of Child: _____ Date of Birth: _____
3. How did you hear about us? _____
4. When do you need care? _____ Do you need part time or full time care? _____
If you need part time care, what days of the week will your child(ren) attend? M T W R F
5. Has your child ever attended daycare or preschool before? _____ If so, where and when?
School: _____ Phone Number: (____) _____ - _____ Dates: _____
Reason(s) for Leaving: _____
School: _____ Phone Number: (____) _____ - _____ Dates: _____
Reason(s) for Leaving: _____
6. Have you ever had any particular issues with prior daycares or preschools? _____ If so, please explain.

7. Are you currently on a waiting list for another facility? _____
8. Please list the three most important things you are looking for in a preschool. (1) _____;
(2) _____; (3) _____.
9. Who will be the primary obligor for tuition? _____
Date of Birth: _____ SSN: _____ - _____ - _____
10. Please sign below if you consent to Grow Academy running a credit check (of obligors) and a background search.

Signature

Date

Signature

Date

Name (printed)

Name (printed)