

GETTING TO KNOW YOU

ABOUT YOUR CHILD

CHILD'S NAME:

What are the three most important things you want your child(ren) to experience in our center?

1. _____
2. _____
3. _____

What is your child's favorite thing? (e.g. Blanky, dinosaur, legos)

What is the one thing about your child we should know?

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ABOUT YOUR FAMILY

What is most important to you about your child(ren)'s care?

What do you expect from your childcare center?

What is your preferred method of communication?

Has/have your child(ren) been in a group care before?

If yes, what did you like best about your last childcare center?

What did you like least?

If no, is there anything you'd like to know more about before seeing the center?

Parent Name: _____ Address: _____

Phone 1: _____ Phone 2: _____ Email: _____

How did you hear about us? (Check one below) Referral from: _____ Other: _____

Website Word of Mouth Drive by Facebook Twitter Radio Ad Center Event

1st Child's Name: _____ Age: _____ DOB: _____ Prospected Start Date: _____

2nd Child's Name: _____ Age: _____ DOB: _____ Prospected Start Date: _____