

Child's Name (Pronouns): \_\_\_\_\_ DOB: \_\_\_\_\_

|                   | Parent/Guardian 1 | Parent/Guardian 2 |
|-------------------|-------------------|-------------------|
| Name (Pronouns)   |                   |                   |
| Home Address(es)  |                   |                   |
| Email Address(es) |                   |                   |
| Mobile(s)         |                   |                   |

Desired Start Date: \_\_\_\_\_ Desired Drop Off: \_\_\_\_\_ am Desired Pick Up: \_\_\_\_\_ pm

Desired Schedule:  Monday  Tuesday  Wednesday  Thursday  Friday

Anything Else We Should Know About Scheduling? \_\_\_\_\_

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| <p>Tell us about your child. What do we need to know about your child to make their experience here at our school the very best it can be?</p> |
| <p>What about our school do you feel makes our program a fit for your child and family?</p>  |
| <p>Has your child had previous experience in child care, or being away from parents (with family, friends, etc)? How did it go?</p>            |

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| What are your concerns about care here, and how can we help your family adjust to the change?                    |
| How does your child spend free play time at home? What are their favorite activities?                            |
| Other than a safe and fun place to spend their days, what do you hope your child will gain from their time here? |
| Is there anything else you'd like for us to know about your family or your child?                                |



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