



CHILD CARE INQUIRY FORM

Name: _____

Address: _____

Phone: _____

E-mail: _____

Name of Child #1: _____ Birthdate: ____/____/____

Name of Child #2: _____ Birthdate: ____/____/____

Name of Child #3: _____ Birthdate: ____/____/____

Name of Child #4: _____ Birthdate: ____/____/____

When do you need care? Circle all that apply.

Full-Time / Part-Time / After School

Monday Tuesday Wednesday Thursday Friday All Week

Times: _____ to _____

How did you hear about us? Circle all that apply.

A friend Website Brochure Advertisement Other: _____

OFFICE USE ONLY

1. Mail pamphlet and letter. (Within 24 hours) Date: ____/____/____ Initials: _____

Tour scheduled for ____/____/____

Center referred to if applicable: _____

2. Follow-up call. (Within 1 week) Date: ____/____/____ Initials: _____

3. Follow-up post card. (Within 2 weeks if no tour scheduled) Date: ____/____/____ Initials: _____

Tour occurred on ____/____/____ with _____.