Bright Path
The best start in life

Tour Sheet

Tour Information

Name: _____

Email: _____

Phone Number: _____

Child Information

Child's Name: _____

Date of Birth: ____ / ____ / _____ **Preferred Start Date:** ____ / ____ / _____

Important Features and Qualities

What is most important to you when choosing a childcare center? (Check all that apply)

☐ Curriculum & Learning Opportunities
☐ Safety & Security
☐ Socialization & Friendships
☐ Teacher Qualifications & Experience
☐ Nutritious Meals & Snacks
☐ Flexible Hours & Scheduling
☐ Outdoor Play & Physical Activity
☐ Clean & Engaging Environment

Does your child have any dietary restrictions or allergies?

☐ No
☐ Yes (Please specify) _____

Does your child have any additional support requirements?

☐ No
☐ Yes (Please specify) _____

How did you hear about us? _____
Family Referred by: _____

_____

For Center Use Only

Tour Given By: _____ **Date of Tour:** ____ / ____ / _____

Details in Portal: ☐ **Follow-Up Completed On:** ____ / ____ / _____

Notes:

_____

_____