



Tour Form

Family Contact Information

Name:	
Email:	
Phone Number:	

Child Information

Child's Name:	
Date of Birth:	____ / ____ / ____

Preferred Start Date: ____ / ____ / ____

What Matters Most To You?

Help us understand what's most important to your family (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

Dietary Restrictions or Allergies?

- ☐ No
- ☐ Yes (Please specify)

Additional Support Requirements?

- ☐ No
- ☐ Yes (Please specify)

How Did You Hear About Us?

Family Referred By:

Center Use Only

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

Details in Portal: ☐

Follow-Up Completed: ____ / ____ / ____