Tour Form

Family Contact Information

Guardian's Name	
Email	
Phone Number	

2nd Guardian's Name	
Email	
Phone Number	

Child Information

Child's Name	
Date of Birth	

Child's Name	
Date of Birth	

Preferred Start Date: _____ / _____ / _____

Preferred Schedule: _____

_____

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

Has your child previously attended a center-based environment?

☐ No

☐ Yes (Please specify)

_____

Does Your Child Require Accommodations?

☐ No

☐ Yes (Please specify)

_____

Dietary Restrictions or Allergies?

☐ No

☐ Yes (Please specify)

_____

Family Referred by:

_____

How Did You Hear About Us?

_____

Center Use Only

Classroom(s)	
Tour Given By	
Date of Tour	

Details in Portal: ☐

Follow-Up Completed: _____ / _____ / ____