



# 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: \_\_\_\_\_  
\_\_\_\_\_

**Has your child previously attended a center-based environment?**

- No
  - Yes (Please specify)
- \_\_\_\_\_

## 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

**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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_