

# Child Care Pre-Registration Form

## Heading

Please fill out this pre-registration form to be considered for one of our infant or toddler and school age full and part-time spaces. After this form is submitted, we will contact you to schedule an interview to meet your lovely family! We will discuss your childcare needs and our philosophy.

Parent #1 Name\*

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Parent #2 Name

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Child's Name\*

First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_

Child's Birth Date\*

\_\_\_\_\_

Child's Gender\*

Please Select Male Female

\_\_\_\_\_

Address\*

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Primary Email\*

[example@example.com](mailto:example@example.com)

\_\_\_\_\_

Secondary Email

\_\_\_\_\_

(optional)

Preferred Start Date: \_\_\_\_\_

Parent #1 Primary Phone Number: \_\_\_\_\_

Parent #2 Primary Phone Number: \_\_\_\_\_

Preferred Care Schedule\*

Please Select Full Time 5 days a week, Full Days Part-Time, Half Days Full Time, Half Days Part-Time.

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Exceptional Childcare Needs: Please list all needs and disabilities such as autism/spectrum, ADHA, behavioral, dietary restrictions etc.

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Additional Comments: \_\_\_\_\_

If not full-time, please indicate preferred schedule. \_\_\_\_\_