

Client Inquiry Form

Date: _____

Parents name: _____ Telephone number: _____

Home address: _____

Name of the child/ children and ages:

Child # 1 _____ Date of birth _____

Child # 2 _____ Date of birth _____

Child/ children in care now? No Yes Where: _____

Type of schedule: Full-time Part-time What days/ hours: _____

Tour scheduled: No Call to schedule Yes, scheduled for: _____

Referral source: Local ad Mailer Internet Enrolled family Employee

Desired start date: _____ Follow up date/ action: _____

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