



Let us get to know you!

Mother's Name	Father's Name
Child Name 1	Date of Birth
Child Name 1	Date of Birth
Child Name 1	Date of Birth
Address	
Email	
Home Phone	Mobile Phone
Anticipated Start Date	Days/Hours childcare is Needed

What is important to you when considering a Child care?

(Please rate in order of importance, number 1 being most important)

Safety		Location	
Curriculum		Hours of Operation	
Teacher Quality		Tuition	
Management		Transportation to from school	
Health and Cleanliness		Other	

How did you hear about us?

Internet Flyer Friends/Family Referral Drive by Care.com Other

office use only

Date: _____

Employee _____