**Enquiry Form for Preschool**

horizontal line

**Child's Information:**

* Child's First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Child's Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (DD/MM/YYYY)
* Gender:  
  + Male
  + Female
  + Prefer not to say

**Parent/Guardian Information:**

* First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Relationship to Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Address:
  + Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  + City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  + State/Province: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  + Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Preschool Program Interest:**

* Please indicate the program(s) you are interested in:  
  + Full-Day
  + Half-Day Morning
  + Half-Day Afternoon
  + Summer Program
* Preferred Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (DD/MM/YYYY)

**Previous Schooling/Childcare:**

* Has your child attended any preschool or daycare before?  
  + Yes
  + No
* If yes, please provide the name and location of the facility:
  + Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  + Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Special Needs or Allergies:**

* Does your child have any allergies or special needs?  
  + Yes
  + No
* If yes, please specify:

**Additional Information:**

* Please provide any additional information or questions you may have:

**Preferred Contact Method:**

* Email
* Phone
* Text Message

**How did you hear about us?**

* Internet Search
* Referral
* Social Media
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Submit Button**

* [Submit]