

# Enquiry Form for Preschool

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## 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]