



Thank you for visiting with us today!

Please fill out this form to let us know what you are looking for from our school!

Name _____ Date _____

Phone Number _____

Email _____ (Please print)

Child's Name _____ DOB _____

Child's Name _____ DOB _____

Child's Name _____ DOB _____

How did you hear about us? _____

How many days would you like your child to attend?

2 days Tue/Thurs 9am – 2pm

3 days Mon/Wed 9am – 2pm / Fri 9am – 12 noon

5 days Mon – Fri. Mon- Thurs. 9am – 2pm Fri 9am – 12noon

If the class you require is full would you be interested in being put on the waiting list. Yes ___ No ___

What do you want to learn about our school? _____

(Office use only)

Follow up email: Date _____ Initial: _____