

DATE \_\_\_\_\_

## CHILDREN'S PROGRAM INFORMATION REQUEST SHEET

Check One: Toddler \_\_\_\_\_ (15 months-2.9 years)  
Preschool \_\_\_\_\_ (2.9 years-5 years)

Please complete the following information so we can add you to our waitlist. Remember to include your email address so we can send you our E-newsletter and other information about family and community events.

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: Home \_\_\_\_\_ E-mail: \_\_\_\_\_  
Work \_\_\_\_\_  
Cell \_\_\_\_\_

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Would like to enter program in: (month/year) \_\_\_\_\_

Interested in: \_\_\_\_\_ Full Time  
\_\_\_\_\_ Part Time  
If part time (circle days) M T W TH F

Do you have a voucher? Yes or No (circle one)

Will you need financial assistance? Yes or No (circle one)

Thank you for your interest in East End House Child Care Program. If you would like a tour of the agency, please contact the Child Care Program Director to make an appointment.