



AUGUST DAYCARE

Enrollment Interest Form

Parent / Guardian Information

1. Parent/Guardian Full Name: _____
2. Phone Number: _____
3. Email Address: _____
4. Preferred Method of Contact:
 Phone Text/WhatsApp Email

Child Information

5. Child's Full Name: _____
6. Child's Date of Birth / Age: _____
7. Number of children needing care: _____

Care Details

8. Desired Start Date: _____
9. Days of Care Needed (check all that apply):
 Monday Tuesday Wednesday Thursday Friday
10. Hours Needed:

Additional Information

11. Does your child have any allergies, medical needs, or special considerations?
 No Yes (please explain): _____

12. How did you hear about our home daycare? _____
13. Any questions or comments? _____

Signature (optional for inquiry)

Parent/Guardian Signature: _____
Date: _____

Submission:

Please send the completed form to august.daycare@outlook.com