



## 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***

August Home Daycare – A Bright Start for Little Minds  
Email: [august.daycare@outlook.com](mailto:august.daycare@outlook.com)

***Thank you for your interest in our daycare. We look forward to connecting with you.***