

# A Child's Hideaway . . . Tour Form

510-656-3218

*Please complete form and bring with you to your tour*

## Guardian Details

Parents/Guardians Name(s)		Relationship to Child			
1.					
2.					
Address					
City		State		Zip	
Home Phone		Work Phone			
Email					

## Child Details

Child's Name	Date of Birth	Gender (M/F)

## Program Preference

Programs			Start Date		
Enrichment Only		Jr. Kindergarten w/ Fulltime		Summer SAC	
Enrichment w/ Fulltime		Great Beginnings			
Jr. Kindergarten Only		Weibel After School			

## Questionnaire *(Use back page for additional space)*

1. How did you learn about our center?
2. Is your child currently attending another program?
3. Is your child a sibling of a current or prior enrollee?
4. Are any of your child's friends currently enrolled or applying?
5. Does your child have any special needs we should be aware of?
6. Can your child take care of bathroom needs by themselves?
7. What are your goals for your child and what would you like to see your child improve in?

Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Guardian's Name (print): \_\_\_\_\_

<b>For Office Us Only</b> Registration Appointment: _____ (11-15)
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