



FOR OFFICE USE ONLY () Tour Scheduled () Tour Given () Wait List		
Center:	Family #:	1 st Contact Date:
PvtRC:	Tour Date:	1 st Day at CCC:

How did you hear about Creative Child Care, Inc.? (please check all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> CCC Website | <input type="checkbox"/> Enrolled Before | <input type="checkbox"/> Flyer / Brochure |
| <input type="checkbox"/> Internet Search | <input type="checkbox"/> Other CCC Center | <input type="checkbox"/> Advertisement |
| <input type="checkbox"/> ODJFS Website | <input type="checkbox"/> Drive by / Banner | |
| <input type="checkbox"/> Agency Referral _____ | <input type="checkbox"/> Friend or Family _____ | |
| <input type="checkbox"/> Community Event _____ | <input type="checkbox"/> Staff Member _____ | |
| <input type="checkbox"/> Other? _____ | | |

PARENT INFORMATION

First & Last Name:	
Street Name, City, Zip Code	
Place of Employment:	Relation to Child:
Work Address:	
Cell Number:	Work Number:
Home Number:	Email Address:
Other Number:	Other Email Address:

MOST RECENT CHILD CARE

<input type="checkbox"/> Another Center <input type="checkbox"/> At Home <input type="checkbox"/> Daycare Home <input type="checkbox"/> Relative
<i>Prior child care experience (likes/dislikes):</i>

CHILD #1 INFORMATION

First Name:	Gender:
Last Name:	Date of Birth:
Preferred Name:	FT / PT:
For office use only - Program	

CHILD #2 INFORMATION

First Name:	Gender:
Last Name:	Date of Birth:
Preferred Name:	FT / PT:
For office use only - Program	