



## Tour Sign In Form

Date: \_\_\_\_\_

Parent Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Preferred Method of Contact? (please check) \_\_\_\_\_ Phone \_\_\_\_\_ Email

Anticipated Start Date \_\_\_\_\_ Schedule (Circle): M T W Th F

(Check) Full Day \_\_\_\_\_ Half Day \_\_\_\_\_

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Child's Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_ Age: \_\_\_\_\_

Child's Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_ Age: \_\_\_\_\_

Child's Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_ Age: \_\_\_\_\_

### *Please Check the Following*

Potty Trained? \_\_\_\_\_ YES \_\_\_\_\_ NO Comments \_\_\_\_\_

Has your child previously attended a preschool/daycare? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, are you able to obtain a letter of recommendation from the school?

\_\_\_\_\_ YES \_\_\_\_\_ NO If No, please explain \_\_\_\_\_

\_\_\_\_\_  
Allergies? \_\_\_\_\_ YES \_\_\_\_\_ NO If yes, what? \_\_\_\_\_



List 3 important things you are looking for in a preschool program. (Examples include: safety, curriculum, socialization, food service, affordability, nurturing environment, academic success)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

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Big Events in your child's life? \_\_\_\_\_

Describe any social, emotional or physical needs your child may have: \_\_\_\_\_

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How did you learn about Sterling Christian Day School? \_\_\_\_\_

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Parent Signature

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Date

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### OFFICE USE ONLY

Price Quoted: \_\_\_\_\_ Promotion? \_\_\_\_\_

Sibling Discount? \_\_\_\_\_

Enrolled? \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_ MAYBE Comments: \_\_\_\_\_

Registration Fee Paid? \_\_\_\_\_ YES \_\_\_\_\_ NO

Material Fee Paid? \_\_\_\_\_ YES \_\_\_\_\_ NO

Security Deposit Paid? \_\_\_\_\_ YES \_\_\_\_\_ NO