



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 _____

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. _____

Big Events in your child's life? _____

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

How did you learn about Sterling Christian Day School? _____

Parent Signature

Date

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