

Registration Inquiries

Please fill out the inquiry form to request more information on our programs.

Your information

Your Name _____

Your Email _____

Your Phone Number _____

Your child's information

Your child's name _____

Your child's date of birth _____

What classroom are you interested in?

infant/toddler

preschool

Prek/GSRP

school age

Childcare needs

Date you are wanting care to begin? _____

Are you currently at another facility?

yes

no

Do you have childcare assistance through DHHS or Child Care Network Scholarship?

yes

no

Additional information for us to know about your child and/or family:

Request a tour subject to our availability!

Date: _____

8:00 am

8:30 am

9:00 am

9:30 am

10:00 am

10:30 am

2:00 pm

2:30 pm

3:00 pm

3:30 pm

4:00 pm

4:30 pm

5:00 pm

5:30 pm