

Childcare Enquiry Form



ENQUIRY DATE

Enquiry Date: _____ / _____ / _____ Enquiry Taken By: _____

PARENT INFORMATION

Would you like your title to be used in any correspondence with you? If the individual states yes obtain the information in the row below, if the individual states no then please move on and obtain their name data.

Title: Mr Ms Miss Mrs Other

First Name: _____ Last Name: _____

Home Telephone _____ Mobile Number _____

House Name / No: _____ Email _____

Address: _____

Town / City: _____

County: _____ Postcode: _____

Preferred method of contact: Phone Email Written Other

CHILD INFORMATION

First Name: _____ Last Name: _____

Date of Birth or Due Date _____ / _____ / _____ Date you wish to start _____ / _____ / _____

Age of Child Baby (0-1) Toddler (1-2) Early Learner (2-3) Reception (3-5)

HOW DID YOU HEAR ABOUT US

Word of Mouth Internet Drive Past Social Media

Recommendation Media / Article Other

BOOKING PATTERN

| Morning Options | 07:30 - 13:00 | 08:00 - 13:00 | Afternoon Options | 13:00 - 18:00 | Full Day Options | 08:00 - 18:00 |
|-----------------------|---------------|---------------|-----------------------|---------------|-----------------------|---------------|
| Red (additional cost) | 07:30 - 14:00 | 08:00 - 14:00 | Red (additional cost) | 12:00 - 18:00 | Red (additional cost) | 07:30 - 18:00 |

Monday am _____ to _____ pm _____ to _____ Day _____ to _____

Tuesday am _____ to _____ pm _____ to _____ Day _____ to _____

Wednesday am _____ to _____ pm _____ to _____ Day _____ to _____

Thursday am _____ to _____ pm _____ to _____ Day _____ to _____

Friday am _____ to _____ pm _____ to _____ Day _____ to _____

BOOK A SHOWROUND

Showround Date _____ / _____ / _____

Day and Time Mon Time Tues Time Wed Time Thur Time Fri Time