

QUESTIONNAIRE

Mountain Lakes Country Day School

Dear Parent(s):

Please complete and return the following questionnaire regarding your childcare needs. Upon receipt, we will determine space availability and contact you as quickly as possible. Thank you!

Child's Name _____ M/F Birth(due)date ___/___/___
Address _____
Home phone _____
Parent #1 _____ Parent #2 _____
E-Mail _____ E-Mail _____
Work phone _____ Work phone _____

Preferred Start Date:

(circle one)

Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

Note: All new start dates begin on the first Monday of the month unless otherwise requested by you.

Program choice:

_____ 8:00 am - 12:00 pm HALF DAY (18 mths & up)
_____ 8:30 am - 3:00 pm PART DAY (18 mths & up)
_____ 7:30 am - 6:00 pm FULL DAY (All Ages)
_____ 7:00 am - 6:30 pm EXT. DAY (All Ages)

Days Needed:

(circle)

Mon Tues Wed Thurs Fri

How did you hear about our school? (circle) Newspaper Magazine Internet Friend Drove by/Sign Other
Please specify _____

Parent Signature _____ Date ___/___/___