

# JUST LIKE HOME CHILDCARE, INC.

3075 E. Mission Blvd. • Fayetteville, Arkansas 72703

• Phone (479) 966-4450 • Fax (479) 443-8058

Tour Date \_\_\_\_\_ Desired Enrollment Date \_\_\_\_\_

\_\_\_ Full Time or \_\_\_ Part Time – If part time, how many days? \_\_\_\_\_

Child's Name \_\_\_\_\_ Child's Birthday \_\_\_\_\_

If expecting, what is your due date? \_\_\_\_\_

Parents Names: Mom \_\_\_\_\_ Dad \_\_\_\_\_

Mailing Address \_\_\_\_\_

Contact Phone Numbers: 1) \_\_\_\_\_ 2) \_\_\_\_\_

Email Address \_\_\_\_\_

How did you hear about JLHCC? \_\_\_\_\_

Please answer the following questions about your child. The questions do not determine enrollment, but only help us determine classroom placement.

1. Is your child potty trained? \_\_\_\_\_ If yes, for how long? \_\_\_\_\_
2. Has your child been in childcare before? YES NO
3. If you left another child care center, please explain why you left:  
\_\_\_\_\_
4. What do you value the most about the child care center you would choose for your child? \_\_\_\_\_

Thank you for your inquiry with Just Like Home Childcare!

## FOR OFFICE USE ONLY:

Deposit Received YES NO Date: \_\_\_\_\_

Date placement was accepted \_\_\_\_\_ Date deposit was cashed \_\_\_\_\_

Classroom Placement: \_\_\_\_\_ Start Date: \_\_\_\_\_