

WEST SIDE YMCA EARLY CHILDHOOD

Prospective Family Form



FOR PROSPECTIVE FAMILY TO COMPLETE

Parent/Guardian Name: _____ Phone: _____

Email _____

Parent/Guardian Name: _____ Phone: _____

Email _____

PLEASE LIST ALL CHILDREN FOR WHOM YOU'RE INTERESTED IN OUR PROGRAM

Child's Name	Child's Date of Birth

How did you learn about our Early Childhood Center?

Have you visited our website?

Yes No

Did you watch the virtual tour?

Yes No

Would you like an in-person tour? If so, list general availability.

Are you currently looking into other Early Childhood Centers? If so, please list them.

FOR STAFF TO COMPLETE

Date Family Completed Form: _____

Did the family receive the recruitment packet? Yes No _____

Date of Follow Up: _____

Date of Scheduled Tour: _____

Registered after tour? Yes No _____

Date of Follow Up After Tour: _____

Registered after follow up? Yes No _____