Parent Tour /Waiting List Information (Please bring valid Identification with you for your tour)

Parent/Guardian Name(s)			
present on tour: (or others present on tour)	Last Name		First Name
-	Last Name		First Name
Parents/Guardian Name:			
Home Address			
Employment/ Work Phone:			
Parents/Guardian Name:			
Home Address			
Home Phone:	Email		
Employment/ Work Phone:			
Child's Name		DOB:	
Child's Name			
What is your current child care	e situation?		
Why did your family choose to			
•	Learn As You Grow on	the date indi	are non-refundable. In the event that cated above, your first week tuition
Parents Signature			Date
	OFFICE U		
Date of initial Phone call	Date of Tour		() no show () Walk in
ContractedNor	ı-Contracted	County Su	bsidized (Must Qualify)
First Week Tuition \$	Registration Fee \$ Check #		
Program Start Date:			