



THE CHILDREN'S CENTER OF STONE OAK VISITOR INFORMATION

(Please Print)

Today's Date _____

Parent(s) Name _____

Address _____

City _____

Phone # _____

Child's Name _____ DOB _____

Child's Name _____ DOB _____

Date Care Needed _____ How Did You Hear About Us? _____

Email Address: _____ Email Address: _____

What criteria do you consider most important when choosing a quality childcare facility?

(Please choose 3)

Cleanliness ____ Security ____ Parent Communication ____ Atmosphere ____

School Lunch Menu ____ Curriculum ____ Staff Experience ____

Other _____

Type Of Care Needed?

Full Time ____ Part Time 3 Days ____ Part Time 2 Days ____
(3 Days M-W-F) (2 Days T- TH)

Wait List/Registration Fee

**\$125.00 Non-Refundable Deposit To Hold Your
Child's Enrollment Space.**

(This fee enrolls your child in our program and you will receive an enrollment packet)

FEE PAID BY: Cash _____ Check # _____ Credit Card _____

Start Date: _____ Class Room: _____

