



**Pristine Children's Learning Academy**

4650 Mack Rd, Sacramento, CA 95823

Phone: (916) 627-6040 | Email: workingtogether502@gmail.com

## **Parent Interest Form**

Date: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

Child's Full Name: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_

Age at Inquiry: \_\_\_\_\_

Preferred Enrollment Start Date: \_\_\_\_\_

Program Interest (Check all that apply):

☐ Infant Program (6 weeks – 18 months)

☐ Toddler Program (18 – 36 months)

☐ Preschool Program (3 – 5 years)

☐ Full-Time

☐ Part-Time

Preferred Schedule: \_\_\_\_\_

Family Size: \_\_\_\_\_

Need eligibility: (reason for child care):

\_\_\_\_\_

Family income: \$\_\_\_\_\_

Does your child have any allergies or medical needs?

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Has your child been enrolled in care before? ☐ Yes ☐ No

If yes, where? \_\_\_\_\_

How did you hear about us?

☐ Word of Mouth

☐ Internet Search

☐ Social Media

☐ Drive-By

☐ Flyer/Ad

☐ Other: \_\_\_\_\_

What are you looking for in a preschool?

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Office Use Only:

Date of Follow-up: \_\_\_\_\_

Follow-up Method: ☐ Phone ☐ Email ☐ In-Person

Notes:

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