

Interest Form 2020-21

Waiting List: Yes | No

\$50 WL fee paid | Date: __/__/__ | Initials: _____

* **Contact Date:** _____ **Mode:** Phone | Email | Visit | **Staff Member:** _____

PARENT INFORMATION

Parent's Name: _____ Phone Number: _____

Address: _____

Email: _____

Date you want your child/ren to begin attending Harmony Student Care: _____

CHILD INFORMATION

Child 1 Name: _____ DOB: _____ Gender: _____

Child 2 Name: _____ DOB: _____ Gender: _____

Child 3 Name: _____ DOB: _____ Gender: _____

Child 4 Name: _____ DOB: _____ Gender: _____

School: ___LES | ___Other: _____

Grade: ___K5 | ___1ST | ___2ND | ___3RD | ___4TH | ___5TH

OFFICE USE ONLY

Follow-up contact request: Email | Phone |

Follow-Up Date: ____/____/____ Staff Member: _____

Communication Notes:
