



## My Bright Beginnings

# Childcare Contact Form

Today's Date \_\_\_\_\_ How did you hear about us? \_\_\_\_\_

Which of our locations are you interested in? (circle one) Graduate Hospital      Fishtown      Both

Guardian 1 \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

E-mail address \_\_\_\_\_

Guardian 2 \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

E-mail address \_\_\_\_\_

Child's Name \_\_\_\_\_ Date of Birth or Due Date \_\_\_\_\_

If applicable, has your child previously attended any child care programs? \_\_\_\_\_

If yes, where and how long? \_\_\_\_\_

Please describe any special needs your child has (i.e. allergies, disabilities) \_\_\_\_\_

\_\_\_\_\_

Do you plan to use subsidy funding, such as CCIS? \_\_\_\_\_

Ideally, when are you looking to begin childcare?

\_\_\_\_\_

Anticipated Daily Schedule: Drop-off time \_\_\_\_\_ Pick-up time \_\_\_\_\_

\*My Bright Beginnings is open from 7am to 6pm

Please email to [mybrightbeginnings@gmail.com](mailto:mybrightbeginnings@gmail.com) for Graduate Hospital or [mybrightbeginnings2@gmail.com](mailto:mybrightbeginnings2@gmail.com) for Fishtown