

Quality Time Learning Center

8101 Georgia Avenue
Silver Spring, MD 20910

Admissions Inquiry Form

Date ___/___/___

Child's Age _____ Date of Birth ___/___/___ Potential Start Date _____ Space Available _ Yes _ No

Child 1: _____ Age: __ Yrs __ Mos
First MI Last

Child 2: _____ Age: __ Yrs __ Mos
First MI Last

Number of Children: ___
Please attach additional
forms for more than two
student names.

Mrs. / Ms. _____
First MI Last

Mr. _____
First MI Last

Street: _____

City: _____ State: _____ Zip Code: _____

Parent's/Guardian's Home Phone: (____) ____ - ____ Cell (____) ____ - ____ Work: (____) ____ - ____

Email Addresses: _____

Languages Spoken: _____

How did you learn about QTLC? _____ Please circle one: Fair Open House TV Radio Internet Parent Referral

Does your child have existing medical conditions that require special observation or administration of medication? Yes__ No__

If yes, please explain: _____

Does your child require any of the following?

1. Special attention: Yes _____ No _____

If yes, please explain _____

2. Special Education: Yes _____ No _____

If yes, please explain _____

3. Do you have concerns about your child's behavior or emotional well-being which the QTLC should know about?

If yes, please give details: _____

Has your child ever attended an early learning Center before? Yes _____ No _____

If yes, how long did they attend? _____

Did you disenroll your child? Yes _____ No _____

If yes, please explain _____

Were you satisfied/happy with the care provided? Yes _____ No _____

If no, please explain _____

Name of the Center/Home Care _____

Address of Center _____ Phone# _____

Home Care? Yes _____ No _____ Relative/Babysitting/Nanny Care? Yes _____ No _____

Contact Person at Center/Home Care _____

Have all financial obligations to your previous child care facility been fulfilled? Yes _____ No _____

If no, please explain: _____

When do you intend to start your child at QTLC? _____

What concerns you the most about the child's learning environment? : _____

Is your child potty trained? Yes _____ No _____

Signature of Parent/Guardian: _____

FOR STAFF USE - Staff member reviewing Pre-Enrollment form: _____ Follow up letter and date: ___/___/___

Address and Telephone #'s confirmed and date: ___/___/___ Follow up call: _____

Follow up comments: _____