



Children's Day School, Inc.

## Inquiry Form

Date of Visit \_\_\_\_\_ Requested Date of Enrollment \_\_\_\_\_

Circle Campus Requested:      Riverside      Greenwich (Glenville)

Circle Days Requested:      M T W Th F      M W F      T Th

I would like information about financial assistance:    Yes \_\_\_\_\_    No \_\_\_\_\_

Child's Name \_\_\_\_\_

Date of Birth/Due Date \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Parents' Names \_\_\_\_\_

Street Address \_\_\_\_\_

City, State and Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_

Mother's Work Phone \_\_\_\_\_ Mother's Cell Phone \_\_\_\_\_

Mother's email \_\_\_\_\_

Father's Work Phone \_\_\_\_\_ Father's Cell Phone \_\_\_\_\_

Father's email \_\_\_\_\_

*Please \* preferred means of communication*

Notes:

**Completion of this form guarantees you placement on the waiting list only.  
It does not guarantee that we have a space for your child at this time.**

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