

Tour Request Form

Date _____

Child Information

Child's Name _____

Address _____

Date of birth _____

Parent/s name _____

Parent telephone H _____ C _____

Email address _____

Child Care Experience

Is this your child's first child care experience? ____ yes ____ no

Interest in Green Sprouts

What is inspiring you to have your child attend Green Sprouts?

What components of Green Sprouts do you find align most with your family's values?

Tour and Enrollment

How did you hear about us? Website ____ Facebook ____ Friend ____

How soon are you looking to make a decision about care?

____ ASAP within a month ____ within 2-3 months ____ Longer than 4 months ____

Tours are given on Thursdays. I would like to tour at : ____ 1:30 pm ____ 2:00 pm ____ 2:30 pm ____ 3:00 pm

Please mail request form, along with a \$25.00 non-refundable fee to:

Green Sprouts, LLC / 5 Industrial Drive, Suite A / Windham, NH 03087

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603-898-0771 tel. / 603-898-8771 fax / www.greensproutslc.com

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