



Tender-Hearts Learning Center (248) 547 – 3715

Contact Information

Parent's Name _____

Home Address _____

City _____ State _____

Home Phone _____ Cell/Work Phone _____

Children's Names, Birth Dates, Gender, & Days and Times needed for child care:

_____ M/F
Full Time Part Time M T W R F Times: _____

_____ M/F
Full Time Part Time M T W R F Times: _____

_____ M/F
Full Time Part Time M T W R F Times: _____

Are you currently using a child care professional? Yes No

If yes, why are you considering changing care givers? _____

What are you looking for in a child care program? _____

