

TLC, Laurie Alcock Childcare Interview Form

Date: _____

Childs name: _____ DOB _____ Due date _____

Parent/Guardian Info: Have parents/guardian been fully vaccinated for Covid19?

1. Yes/No _____ date of vaccines/booster 2. Yes/No _____ date of vaccines/booster

Proof of vaccination maybe requested. If and or when a covid19 vaccine is available for infants & younger children, would you want to have your child immunized? Yes/ No

1.Parent/Guard: _____ 2.Parent/Guard: _____

Address: _____ Address: _____

E-Mail: _____ E-Mail: _____

Phone: _____ Phone: _____

Cell: _____ Cell: _____

Occupation: _____ Occupation: _____

Employer: _____ Employer: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

Hours at work: _____ Hours at work: _____

What days and hours are you looking for care: Mon Tues Wed Thurs Fri

Hours: Drop off : _____ Pick up: _____

When are you looking for childcare to start? _____ When are you looking to end childcare? _____

What is most important to you in your search for a childcare provider? _____

What does your child enjoy doing? _____

Does your child have an IFSP/IEP or need any inclusion accommodations? _____

Any previous child care experience? Please explain: _____

Please use the other side to share any additional information you would like me to know about your child, or to complete the above questions. Thank You! Miss Laurie

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