



Beyond Expectations Child Development Center

Potential Client Contact Sheet

Date _____

Time _____

Name:	Phone:
	Secondary Number:
Address:	Email Address:
Age of Child(ren)?	Currently in Child Care?
Is the Child(ren) Potty Trained?	When is Care Needed?
Any special needs?	
Hours of the Day Care is needed?	How will you be Paying?
Transportation Areas 48234. 48205	Latchkey/ What School?
Date /Time to come in for tour/paperwork?	How did you hear about us?

Office Use

Contact/ What action was done	Date:
1. Tour	
2. Follow up Call	
3. Text	
4. Email	
5. Post card	