



Prospective Parent Tracking Form

Date of Call _____

Name of parent(s) _____

Address _____

Phone # (home) _____ (work) _____

Email _____

Name of child(ren) _____ Birth date _____

_____ Birth date _____

_____ Birth date _____

Desired start date for care _____ Rate quoted _____

Any special interests or needs of child _____

How did you hear about my program?

Word of mouth (who?) _____

Child Care Aware of North Dakota referral _____

Brochure _____

Other _____

Parent concerns/notes

Date interview scheduled _____

If parent declined interview, why?

If I turned down parent, why?

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