



# Bright Futures Early Learning Academy

289 Schuylkill Road  
Phoenixville, PA 19460  
484-924-9464

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Name of Child #1 \_\_\_\_\_ Birthdate: \_\_\_/\_\_\_/\_\_\_

Name of Child #2 \_\_\_\_\_ Birthdate: \_\_\_/\_\_\_/\_\_\_

Name of Child #3 \_\_\_\_\_ Birthdate: \_\_\_/\_\_\_/\_\_\_

Name of Child #4 \_\_\_\_\_ Birthdate: \_\_\_/\_\_\_/\_\_\_

When do you need care? Circle all that apply

Full-Time / Part-time / After School

Monday	Tuesday	Wednesday	Thursday	Friday
___ am to ___ pm	___ am to ___ pm	___ am to ___ pm	___ am to ___ pm	___ am to ___ pm

How did you hear about us? Circle all that apply.

A friend      Website      Brochure      Advertisement      Other: \_\_\_\_\_

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**OFFICE USE ONLY**

1. Mail pamphlet and letter. (Within 24 Hours) Date: \_\_\_/\_\_\_/\_\_\_

Tour Scheduled for \_\_\_/\_\_\_/\_\_\_

Center \_\_\_\_\_

2. Follow-up call. (Within 1 week) Date: \_\_\_/\_\_\_/\_\_\_ Initials \_\_\_\_\_

3. Follow-up post card (within two weeks if no tour scheduled) Date: \_\_\_/\_\_\_/\_\_\_

Tour occurred on \_\_\_/\_\_\_/\_\_\_ with \_\_\_\_\_