



discover
our childcare difference!



Sachelle Fidler
Owner/Operator

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Pre-Registration Form

If interested in registering your child/children at Little Munchkins, please completely fill out the following form. Interview times will be selected upon review of this information when enrolment allows.

Child's Name: _____

Address: _____

Home Phone: _____ E-mail: _____

Age : _____ Birth Date: _____

Requested Start Date: _____

Mother's Name: _____

Employer: _____

Do you work...full time _____ part time _____ shift work _____

Father's Name: _____

Employer: _____

Do you work...full time _____ part time _____ shift work _____

If you are requesting after school care, which school does your child attend?

How did you hear about us? _____

Describe briefly your family, and why you would like to have your child/children at Little Munchkins Preschool Center.

References:

Name: _____ Phone: _____
Relationship: _____

Name: _____ Phone: _____
Relationship: _____

Thank you for taking the time to answer these questions. We want to be sure that what we offer, as your children's care providers, is meeting with what your expectations are as parents. Please know that this information is confidential and will only be viewed by Little Munchkins management.

Regards,

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