firefly
FAMILY COLLECTIVE

INQUIRY

Join Our Waitlist

We'll be in touch when a spot fits your family

Thank you for your interest in Firefly Family Collective. Fill this out and we'll contact you when a space matching your family's needs becomes available.

✦PARENT OR GUARDIAN

FULL NAME *

PHONE NUMBER *

EMAIL ADDRESS *

PREFERRED WAY TO REACH YOU

☐ Phone ☐ Text ☐ Email

✦CHILD

CHILD'S FULL NAME *

DATE OF BIRTH OR DUE DATE *

CURRENT AGE

DESIRED START DATE *

PROGRAM NEEDED

☐ Infant care ☐ Toddler care ☐ Preschool ☐ School age ☐ Drop-in

✦SCHEDULE

DAYS NEEDED *

☐ Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri ☐ Sat ☐ Sun

PREFERRED DROP-OFF TIME *

PREFERRED PICK-UP TIME *

CARE NEEDED

☐ Full time ☐ Part time ☐ Flexible or interchanging ☐ Occasional / drop-in

HOW YOU PLAN TO PAY

☐ Private pay ☐ ERDC ☐ Not sure yet

✦ANYTHING ELSE

ALLERGIES, MEDICAL NEEDS, DEVELOPMENTAL NEEDS, OR ACCOMMODATIONS WE SHOULD KNOW ABOUT

ANYTHING ELSE YOU'D LIKE US TO KNOW ABOUT YOUR CHILD OR YOUR CARE NEEDS

HOW DID YOU HEAR ABOUT US?

WOULD YOU LIKE TO SCHEDULE A TOUR?

☐ Yes ☐ Not yet

Acknowledgement

☐ I understand that submitting this form does not guarantee enrollment or reserve a child care space. Firefly Family Collective will contact me when an opening becomes available that matches my family's requested schedule.

SIGNATURE

DATE

Thank you for joining the Firefly waitlist.

We'll reach out as soon as a space fits your family's needs.