

Regent Park Early Childhood Development Center

Name(s) of parent(s) _____

Mailing address: _____

E-mail address: _____

Telephone number(s): _____

Name(s) of child(ren): _____

Birthdate or anticipated birthdate: _____

Are you interested in

Full time care (30 or more hours per week)

Part time care (20-30 hours per week)

Preschool schedule (9:00-12:00 daily)

Flex-time options

In which of the following might you participate?

"Baby and Me" programming

Parent education seminars

Parent's nights out (occasional evening childcare)

Parenting support group

Please take a moment to describe your primary concerns/priorities as you explore childcare options.

Is there any additional information that you would like us to include as we compile the results of this survey?

Please mail this application to: Regent Park ECDC, 20 Regent Park Blvd., Asheville, NC 28806