

Phone Interview Call Log

Caller: _____

Date: _____

Name:		Phone Number:		E-mail:	
Address:			City:		Zip
How did you hear about us?					
Start date needed:		Hours of care needed:		Days: <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thur <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/> <input type="checkbox"/> Long Term <input type="checkbox"/> Short-term	
Child's Name:		Age	Sex	D.O.B.	Current Child Care Arrangements: Reason for Needing Child Care:
1					
2					
3					
Parent's Employer:		Location:		Work Schedule:	
				How Long:	
Government Subsidy? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Possible		Interview Scheduled: <input type="checkbox"/> Yes <input type="checkbox"/> No		Date:	
				Time:	
What is expected from child care?				On another waitlist: <input type="checkbox"/> Yes <input type="checkbox"/> No	
				Backup Provider: <input type="checkbox"/> Yes <input type="checkbox"/> No	
				May We Contact Your Previous Provider? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Notes:					

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