Logo

Description automatically generatedClient Registration Form

To begin the staff placement process, please complete the form below and send to earlynelsonlearning@gmail.com.

|  |  |  |  |
| --- | --- | --- | --- |
| How did you hear about us?  Advertisement  Friend/Relative  Website  Social Media  Other: | | | |
| Have we provided staffing to you before?  Yes  No  If yes, give date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **GENERAL INFORMATION** | | | |
| Program’s Name: | | | |
| Program’s Address: | | | |
| City: | State: | | Zip: |
| Primary Contact: | | Title: | |
| Phone: | | Email: | |
| Secondary Contact (if applicable): | | Title: | |
| Phone: | | Email: | |
| **TELL US MORE ABOUT YOUR SETTING** | | | |
| Family Child Care  Center-Based  Infants/Toddlers  Preschoolers  School-Based | | | |
| Days of Operation: | Hours of Operation: | | Ages Served: |
| **WHAT ARE YOUR STAFFING NEEDS (Check all that apply)** | | | |
| Full-Time  Part-Time  Overnight  Flexible Hours | | | |
| Timeframe for Staffing Request:  Immediate  Within 2 weeks  1-2 months | | | |
| **Additional Information:** | | | |