Client Registration Form

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

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| How did you hear about us? [ ]  Advertisement [ ]  Friend/Relative [ ]  Website [ ]  Social Media [ ]  Other:  |
| Have we provided staffing to you before? [ ]  Yes [ ]  NoIf 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:** |