

P.I.C.K. OF NORTH TEXAS WEB PAGE SHEET

YOUR NAME: _____

BUSINESS NAME: _____

ADDRESS: _____

MAIN CROSS STREETS: _____

PHONE NUMBERS:
HOME: _____
BUSINESS: _____
CELL: _____

E-MAIL ADDRESS: _____

PERSONAL WEBPAGE: _____

DAYS YOU CARE FOR CHILDREN: S M T W TH F S

HOURS OF OPERATION: _____

AGE OF CARE: _____

LICENSED REGISTERED LISTED

YEARS OF SERVICE: _____

NORMAL RATIO: _____

SPECIALTIES: _____

ANY INTERESTING FACTS ABOUT YOUR BUSINESS:
WHAT MAKES YOU STAND OUT AMONG OTHER CHILD CARES?

