

**CONTACT INFORMATION**

NAME \_\_\_\_\_

MAIDEN NAME ( IF APPLICABLE) \_\_\_\_\_

ADDRESS

\_\_\_\_\_  
\_\_\_\_\_  
CITY STATE ZIP

E-MAIL \_\_\_\_\_

AGE \_\_\_\_\_

YOUR SOUTH COUNTY DAY CARE YEARS

LAST YEAR AT SOUTH COUNTY DAY CARE CENTER \_\_\_\_\_

LAST GRADE LEVEL AT SOUTH COUNTY DAY CARE \_\_\_\_\_

WHO WERE YOUR TEACHER'S YOU HAD AT SOUTH COUNTY

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

MEMORIES FROM SOUTH COUNTY DAY CARE

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HOW HAS SOUTH COUNTY DAY CARE INFLUENCED YOUR LIFE?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**AFTER SOUTH COUNTY DAY CARE**

ELEMENTARY SCHOOL \_\_\_\_\_

HIGH SCHOOL \_\_\_\_\_

COLLEGE(S) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

MAJOR(S) \_\_\_\_\_  
\_\_\_\_\_  
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OCCUPATION/CAREER PATH

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ACHIEVEMENTS/AWARDS

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ADDITIONAL COMMENTS

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MAY WE USE YOUR COMMENTS FOR PROMOTIONAL PURPOSES? \_\_\_\_\_