



Office Use

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**CONFIDENTIAL**  
**Kiddie Academy Domestic Franchising, LLC**  
**Preliminary Questionnaire**

Please provide the requested information and return by **FAX** to: **410.569.2729**.

**Personal Information**

First name	Middle Name	Last name	___Mr. ___Miss ___Mrs. ___Ms.	Birth Date:
Home Address:				
City:	State:	Zip:	Email:	
Home Phone:	Mobile:	Business:		
Best time to call:	Do you have children? Yes____ No____		Ages of Children: _____	
If married, spouse's name:			Spouse's Birth Date:	
Will you have partners in the business? No____ Yes____		If so, name(s)? (Please note, each partner must complete a separate application).		

**Business Experience/Education**

Your Employer:	Position:	Annual Income:
Level of Education? _____ High School _____ College _____ Graduate School Major: _____ Degree?		
Have you ever owned a business? Yes____ No____		Have you ever owned a child care business? Yes____ No____
Spouse's Employer:	Position:	Annual Income:
Level of Education? _____ High School _____ College _____ Graduate School Major: _____ Degree?		
Are you a Veteran? Yes____ No____ Type of Discharge: _____		

**General Information**

Have you ever filed for personal or business bankruptcy protection? Yes____ No____ Year _____	Have you ever been convicted of a felony or misdemeanor other than a minor traffic violation? Yes____ No____ Are there any felony or misdemeanor charges pending against you? Yes____ No____
In what country do you hold citizenship?	Are you a named party in any pending litigation? Yes____ No____
Have any judgments been entered against you or a business you control or did control? Yes____ No____ Year(s) _____	
How did you first hear about Kiddie Academy?	
Have you ever visited a Kiddie Academy? If yes, where?	
What is your timeframe for opening a Kiddie Academy® franchise?	
Have you visited Kiddie Academy's website?	

Who will have the primary day-to-day responsibilities of operating your Kiddie Academy franchise?

Do you know any families that have children attending a Kiddie Academy location? If yes, which Kiddie Academy location?

What prompted you to inquire about a Kiddie Academy® franchise?

Do you have a preferred area to locate your Kiddie Academy® franchise? (town, city, county)

**Financial Information**

Assets		Liabilities	
Cash (checking and savings)		Bank Loans	
Stocks and Bonds (excluding retirement)		Mortgages (balances)	
Real Estate (residence)		Notes Payable	
Real Estate (investment)		Credit Card Debt	
401(k)		Margin Accounts	
IRA		Other (itemize)	
Other (itemize)			

**(A) Total Assets:**

**(B) Total Liabilities:**

**(A) Total Assets: \$**

**(B) Total Liabilities: \$**

**(A) MINUS (B) = Total Net Worth: \$**

**Real Estate Holdings:**

Address	Current Market Value	Current Mortgage Balance
Home: _____	_____	_____
Investment Properties: (1) _____	_____	_____
(2) _____	_____	_____
(3) _____	_____	_____

I/we understand that the information provided above will be material to the determination by Kiddie Academy Domestic Franchising, LLC ("Kiddie Academy") whether I/we meet the eligibility requirements of the Kiddie Academy® franchise opportunity. I/we agree to promptly notify Kiddie Academy of any material changes to the information provided. I/we hereby certify that the information presented above is true and accurate, and understand that my/our application could be denied if any of the information provided is false or misleading. The submission of the information or acceptance of my/our application places no continuing obligation on Kiddie Academy.

I/we hereby release Kiddie Academy and its members, officers, directors and employees from any and all liabilities, claims and/or causes of action regarding the use or disclosure of the information presented above.

<b>Applicant Signature</b>	<b>Date</b>
<b>Co-Applicant Signature</b>	<b>Date</b>

**Please call the following toll free telephone number if you have any questions: (800) 554-3343**