



The EARLY LEARNING CENTER  
at Richard Winn

**Child Care Interest Form**

ELC License # 15974

**Date Completed** \_\_\_\_\_

**Child's Name** \_\_\_\_\_  
(Last) (First) (Middle) (Preferred Name)

Male Female (Mark One) Child's Date of Birth \_\_\_\_\_

**Child's Name** \_\_\_\_\_  
(Last) (First) (Middle) (Preferred Name)

Male Female (Mark One) Child's Date of Birth \_\_\_\_\_

**Parent/Guardian Name** \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

**Parent/Guardian Name** \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

**Days Child Care is Needed:** *(Mark All that Apply)* M T W TH F

**Hours child care is needed:** \_\_\_\_\_

**Date you need child care to begin:** \_\_\_\_\_

**Will you need childcare to continue in summer of 2017?** \_\_\_\_\_

**Specific Child Care Needs:** \_\_\_\_\_

**What is most important to you in an early learning program for your child?** \_\_\_\_\_

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

**Other Comments/Questions** \_\_\_\_\_

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

**How did you hear about our program?** \_\_\_\_\_

*\*Though this interest form will serve as a placeholder when enrollment is available, it does not necessarily guarantee a spot. Families will be contacted in the order interest forms are received until we fill available slots for the ELC.\**