



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 2025? _____

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.