



Little Learners Interest Form

Child's Name _____ **Birthdate** _____

Parent's Name _____

Phone Number _____

Email _____

Status (check one)

_____ WT/WU Student (program/course of study _____)

_____ WT/WU Staff (department _____)

_____ Community (No current affiliation)

Schedule (check one)

_____ Full time

_____ Part time (circle days M T W H F **or** number of days _____)

Hours (check one)

_____ A.M. only (7:30-11:00—no lunch provided)

_____ Student full day (7:30-3:10)--Clinical care? (health occ only) Y N

_____ Community (7:30-5:30)

Original Contact Date _____