



Little Learners Interest Form

Child's Name _____ **Birthdate** _____

Parent's/Guardian's Name _____

Phone Number _____

Email _____

Status (check one)

_____ Washburn Tech Student (program _____)

_____ Washburn Tech Staff (department _____)

_____ Washburn University Student (course of study _____)

_____ Washburn University Staff (department _____)

_____ Alumni (_____ Washburn Tech; _____ Washburn University)

_____ Community (No 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)

_____ Full day (7:30-5:30)--Clinical care? (health occ only) Y N

Are you completing a form for a sibling? If so, what is/are the sibling's name/s?

Original Contact Date _____