## Live & Learn Early Learning Center Live & Learn @ Mast Way



**Desired Start Date:** 

**Date of Inquiry:** 

Please check the program(s) you are interested in:  Early Childhood:  □ Live & Learn Early Learning Center □ Before school at main site  After School Programs:  □ Live & Learn @ Mast Way □ Summer Camp				
	TLIST FORM			
Please check preferred method of con	tact:Phone	Internet	Other	
Name of Parent(s)/Guardians:				
Home Address:				
Home Phone: Co	ell Phone:			
Work Phone: E-	mail Address:			
☐ Check here if you currently have a ch	hild attending Live	e & Learn		
☐ Check here if you are alumni of a Liv	ve & Learn Early	Learning Cent	er	
Name of Child:				
Date of Birth or Due Date:				
Please write in any diagnosed special	needs or allergie	s:		
Please write in any previous Preschoo	ol or child care ex	xperience:		
Desired Schedule:				
Full time:				
Part time:				
Flexible:				
How did you hear about us?				
For Office Use Only				
Tour Date and Time:				
Camp Brochure: Y/N				
Handbook: Y/N				

Please use this page for any additional information or comments Comments/Additional Information:		