Interest Form

Please fill out this form completely if you are interested in
Lighted Window's Infant & Toddler Program.
As soon as we have a potential spot, we will contact you! Thank you!

Today's Date: _____

Child Information

Name: _____ Birth Date: _____ ☐ Female ☐ Male

Parent/Guardian Information

Name: _____ Relationship to Child: _____

Telephone: _____ Email: _____

☐ Current LWP Family ☐ Alumni LWP Family ☐ New Family

Infants: 12 weeks to walking Toddlers: Walking to 2 years old

Is your child crawling or walking? _____

Preferred Schedule

Preferred Start Date (Month/Year): _____

Full Time (7:30am-6pm)

☐ M-F ☐ M/W/F ☐ Tu/Th

3/4 Day (choose days, then time)

☐ M-F ☐ M/W/F ☐ Tu/Th

☐ 8am-3pm ☐ 8:30am-3:30pm ☐ 9am-4pm

---Office Use Only---

☐ Acknowledgement email sent

Date	Notes