UBC UNIVERSITY
BAPTIST CHURCH

EARLY LEARNING CENTER INTEREST FORM

CHILD'S NAME: _____

CHILD'S GENDER _____ CHILD'S DOB: _____

RETURNING STUDENT (YES / NO): _____ SEMESTER OF INTEREST: _____ YEAR: _____

PARENTS' NAMES _____

ADDRESS _____

PHONE NUMBER _____

EMAIL ADDRESS _____

PLEASE PLACE A CHECK MARK TO THE LEFT OF THE PROGRAMS YOU ARE INTERESTED IN:

TUESDAY & THURSDAY	
☐	Half Day 9:00 - 12:00
☐	Full Day 9:00 - 2:00
☐	Morning Care 8:00 - 9:00
☐	After Care 2:00 - 3:00

QUESTIONS OR FOLLOW-UP NEEDED:

_____

_____

_____

_____

_____

_____

_____

updated 1/2018