

Interest Form

This is not a Registration Form

| Parent/Guardian Name (First, Last): | |
|--|--------------------------|
| Home Address: | |
| Email Address: | |
| Primary Phone: Alterna | |
| 1. Child's Name: 2. Child's Name: 3. Child's Name: | Date of Birth: |
| Child Care needed beginning: | Number of days per week: |
| Please circle days needed: M T W | Th F |
| How did you hear about the Center: Please circle your | response |
| Direct Mailer Website: <u>www.stmarychildcarecenter</u> | r.org Facebook |
| Church Bulletin Metro Detroit thecatholicdictionary | y.com Referred Signage |
| Other | |
| Additional Information: Information Packet requested: Y or N | |
| Parent/Signature: | Date: |
| Office Use Only Employee Name: Information Packet sent: Y or N | Date: |