



Leelanau Children's Center

Family Interest Form - For families interested in future enrollment

Revised 1/8/2024

Today's Date: _____

Child's Name: _____

Nickname: _____ Date of Birth: _____

PARENT 1 Information:

PARENT 2 Information:

Name: _____

Name: _____

Mailing Address: _____

Mailing Address: _____

City, State, Zip: _____

City, State, Zip: _____

Preferred Phone: _____

Preferred Phone: _____

Email: _____

Email: _____

We will add you as a subscriber to our periodic email newsletter unless you opt out by checking here:

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Please indicate when you anticipate your child will begin enrollment at Leelanau Children's Center:

Please contact me to SCHEDULE a TOUR _____

SCHOOL YEAR session beginning (year) _____

OTHER (please specify) _____

_____ office space below _____