



**LOCKHART INDEPENDENT SCHOOL DISTRICT**

**THE CUB HOUSE  
CHILD DEVELOPMENT CENTER  
INTEREST FORM FOR EMPLOYEE**

To inquire about availability at our center, please complete this interest form.

<b>Child's Name: Last, First, Middle</b>	<b>Child's Birthdate:</b> ____ / ____ / ____ <b>Expected Child Care Start:</b> Date: ____ / ____ / ____		
<b>Parent's Name or legal guardian:</b>			
Last, First: _____	Email: _____		
Last, First: _____	Email: _____		
<b>Address:</b>			
<b>Street</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Contact Phone Information:</b>			
Home: _____	Cell Phone: _____	Work Extension: _____	
Campus: _____			
<b>Other Information:</b>			
Is your child currently enrolled in Child Care? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, where? _____			
<b>Check all that apply:</b>			
____ I am currently on maternity leave. Return Date: _____			
____ I am going on maternity leave. Start Date: _____ Return Date: _____			

Thank you for taking the time to fill out this interest form.

Parent Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_