

Little One's University Inc.
Child Care Inquiry Form
Hours of Operation
7:30-4:30

Please fill out the form below and email it to us at:
Littleonesuniversity@gmail.com

Today's Date: _____

Family Name: _____

Phone Number: _____

Email: _____

Child's Name: _____

Date of Birth or Due Date: _____

Please list Center Preference by location 1 - 5

Colchester: 36 Catamount Lane Colchester _____

Essex: 104 Old Colchester Rd Essex Jct _____

Essex Center: 71 Center Rd Essex _____

Williston: 620 Lawrence Place Williston _____

St. Albans: 31 Swanton Road St. Albans _____

Days of Week : M ____ T ____ W ____ TH ____ F ____

Date you would like your child to begin: _____

Has your child been asked to leave another program? _____

If yes, please explain:

Comments or Questions: