

Preschool Pages Registration Form

DATE: _____

Name of Child: _____ Date of Birth: _____

Name of Caregiver(s): _____

Caregiver's Relationship to Child: _____

Email: _____ Phone: _____

Has this child attended any of the following enrichment activities? (select all that apply)

_____ Daycare

_____ Mother's Morning Out

_____ Storytime at the Library

_____ Toddler Reading Program at a school (list: _____)

_____ 3K or 4K (circle all that apply)

_____ Other: _____

How did you hear about this program?

Why did you choose to participate?

What do you hope you and your child will get out of this program?