

Family Directory Opt-In

PARENT

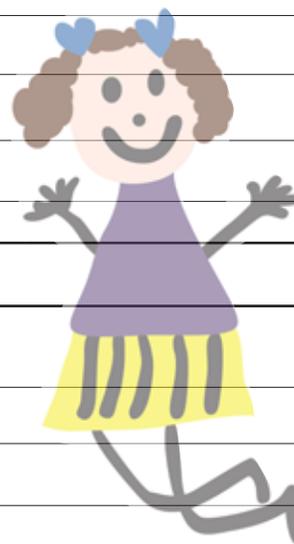
First Name/Last Name: _____

Email Address: _____

Address (optional): _____

Home Phone (optional): _____

Cell Phone (optional): _____



PARENT

First Name/Last Name: _____

Email Address: _____

Address (optional): _____

Home Phone (optional): _____

Cell Phone (optional): _____

CHILD(REN)

First Name/Last Name: _____

Birth Date: _____

NOTE: Your information will only be used by teachers and room parents to communicate important room news and reminders, and by center parents to connect for birthday parties and play dates. Please return completed form to Linda.