

Norwood Public Schools
Coordinated Family and Community Engagement Program (CFCE)
Registration Fall Session 2016

Please fill in the information for all adults and children who will attend the playgroup together.



Parent/Caregiver Name: _____

My child(ren) will be attending the playgroup with: _____

Relationship to Child(ren) (please check one): Mother Father Grandparent Other Relative Child Care Provider

Address _____ Norwood, MA 02062

Phone _____ Email _____

Please list ALL children you will be bringing to the group. If you do not have enough space, please write all the children on the back of this form and note that below. Thank you! Children must be 36 mo. (3 yrs.) to 48 mo. (4 yrs.)

Child's Full Name _____ Date of Birth _____

Child's Full Name _____ Date of Birth _____

Emergency Contact: _____ Telephone Number: _____

Do any of the children have special needs or allergies that we should know about? **YES NO**

If yes, please describe _____

What language(s) do you speak at home? _____

How did you hear about Norwood CFCE Program Playgroup? _____

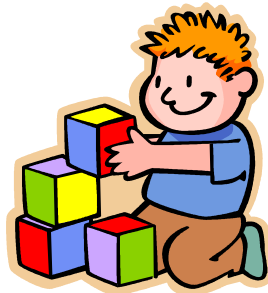
Optional: These questions are so we can report to our funders the number of people who attend our programs who live in subsidized housing or who are currently taking English classes. The answer you give is confidential and will not affect your placement in a group.

Do you live in Public Housing, receive Section 8, or some other form of subsidized housing? **YES NO**

Are you currently taking a class to learn English? **YES NO**

I have read and I understand the information and agree to follow the rules and guidelines:

Signature: _____ **Date** _____



Return this form as soon as possible as space is limited to:
Christine Tomasello, Norwood Public Schools, 275 Prospect Street, P.O. Box 67, Norwood, MA 02062.
Forms can also be faxed to (781) 440-5900. Please fax to the attention of Christine Tomasello.