



**Families and Schools Together
(FAST) for Kindergarten
FAMILY
REGISTRATION**



Child's Name: _____ M <input type="checkbox"/> F <input type="checkbox"/> Parent: _____ (Relationship to child) <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandparent <input type="checkbox"/> Sibling <input type="checkbox"/> Other _____ Address: _____ Zip Code: _____ Phone: _____	School: _____ Teacher: _____ Room # _____ Grade: <u>Kindergarten</u>
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I have received information about the FAST for Kindergarten program. I may be interested in participating in the program with my family. I give my consent for a FAST team member to contact me about my family's participation in the program. This team member may be a parent volunteer, school staff, a community representative, a recreation partner or a Turning Points for Children staff person. I am aware that I may call 267-236-1540 or 215-400-6716, if I have questions.

PARENT/GUARDIAN SIGNATURE: _____ Date: _____

INFORMATION ABOUT YOUR FAMILY HOUSEHOLD

Name	Gender M/F	Relationship to Child Above	Will Attend FAST? (Y/N)	Ethnicity	Language

ANY FOOD ALLERGIES/ADDITIONAL CONCERNS: