



Parenting & Play Group Registration Form September 2011-Jan. 2012

Parent Name _____

Address _____ Town, State, Zip _____

Phone _____ Email _____

Child's Name _____ Age _____ Date of Birth _____

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Please indicate the **one** day of the week you would like to attend. **All Groups meet 9:30 -11:00 AM**

_____Monday _____Tuesday _____Wednesday _____Thursday _____Friday

If there is not space on the day you choose, are you available on a different day?

Yes, _____alternate day: _____

No, _____please place me on the wait list for the day I chose, and contact me when space becomes available.

Please list your child's other activities: preschool, gym, other playgroups, story hour:

Activities	Day of the Week
_____	_____

How did you hear about our program? _____

Required: Please list names and addresses of any other adult who may be attending groups with your child:

Name: _____ Street Address _____ Town/City/State/Zip _____

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Registration Fee: \$50 per family. *

The registration fee and a portion of the materials fee can be waived if finances are difficult.

Please check here if you are seeking to waive a portion of the group fees: _____.

Please RETURN THIS FORM with Registration fee * and Materials fee* TO:

Salem Family Resources
171 Zion Hill Road
Salem, NH 03079

We will contact you when space is available.

FOR OFFICE USE ONLY:

Group: _____ Date Received: _____