

KIDS CONNECTION REGISTRATION 2008-2009

PLEASE RETURN TO MRS. SOROKA'S MAILBOX BY 11/14/08!

CHILD'S NAME: _____

PARENT'S NAME: _____

CHILD'S TEACHER: _____

NAME & PHONE # OF PERSON PROVIDING TRANSPORTATION:

NAME: _____ PHONE #: _____

NAME OF SIBLING ATTENDING PROGRAM AT MES: _____

WE ARE INTERESTED IN THE KIDS CONNECTION PROGRAM BECAUSE:

CHILD'S SIGNATURE: _____

PARENT'S SIGNATURE: _____



KIDS CONNECTION