

Carteret Partnership for Children
Story Explorers
Application

Parent/Guardian Information

Last Name _____ First Name _____

Address _____

Phone Number _____

Email (PRINT CLEARLY) _____

Child(ren) Information (Please include any children who are due to be born within school year)

Name _____ Birthdate _____

Name _____ Birthdate _____

Name _____ Birthdate _____

Please indicate your 1st, 2nd and 3rd choice

Tuesday	Wednesday	Thursday
____ 9:30AM-11:00AM	____ 9:30AM-11:00AM	____ 9:30AM-11:00AM
____ 11:30AM-1:00PM	____ 11:30AM-1:00PM	____ 11:30AM-1:00PM (Hispanic class)
____ 1:00pm-2:00pm		

*More classes will be added if needed

I understand that I or another adult (other than Carteret Partnership for Children staff) will be responsible for my child/children during all Story Explorers classes and events sponsored by the Carteret Partnership for Children.

- ❖ I understand that my child's parent or guardian will remain with them during their Story Explorer class.
- ❖ I understand that older siblings cannot attend Story Explorers classes. Older siblings are invited to join us for community fieldtrips.

Parents Signature: _____

Date _____

<u>For office use only</u>
Date application received _____
Time application received _____
Received by _____