



Carteret Partnership for Children
Story Explorers (Kaleidoscope Play & Learn)
Application (FY 24/25)

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

Table with 3 columns: Tuesday, Wednesday, Thursday. Each column lists two time slots: 9:30AM-11:00AM and 11:30AM-1:00PM.

*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 parents or guardian will remain with them during their Story Explorers' class.
I understand that each class is of mixed ages (birth-5 yrs.) and some materials may not be appropriate for certain ages. Parents are responsible for the safety of their child/children
I understand that older siblings cannot attend Story Explorers' classes. Older siblings are invited to join us for community fieldtrips.

- American Indian/Alaska Native
Asian
African American
Native Hawaiian or Other Pacific Islander
Caucasian
Multiracial or Mixed Race
Other Race
Prefer Not to Answer
Hispanic/Latino
Non-Hispanic Latino
Prefer Not to Answer

Parents Signature: _____

Date _____