



# PARENT INFORMATION FORM

Child's Name:	DOB:
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**Please fill out ALL boxes with complete information or NA if not applicable.**

## PARENT INFORMATION

Parent 1 Name:	Preferred Contact Number:
Preferred Email Address:	Employer:
Parent 2 Name:	Preferred Contact Number:
Preferred Email Address:	Employer:

Mailing Address:
City, State, Zip:

## PARENT AVAILABILITY:

Parents are encouraged to participate in your child's experience at Hutch Kids! Please let us know what types of Hutch Kids events you are interested in!

- |   |   |
|---|---|
| <input type="checkbox"/> Share a talent in a classroom activity | <input type="checkbox"/> Party Planning & Fundraising               |
| <input type="checkbox"/> Classroom Potlucks/Gatherings          | <input type="checkbox"/> Work Parties to refill sand/woodchips/etc. |
| <input type="checkbox"/> Field Trips                            | <input type="checkbox"/> Other: _____                               |
| <input type="checkbox"/> Parent Teacher Committee               |   |
| <input type="checkbox"/> Board of Directors                     |   |

