

Olmsted Early Childhood PTA
Playgroups 2016-17

Name: _____

Email: _____ Phone #: _____

Please indicate the days and time of day that work best. Once groups are formed, members of each group can determine the exact time to meet and how often.

SUNDAY	_____AM	_____PM	_____EVENINGS
MONDAY	_____AM	_____PM	_____EVENINGS
TUESDAY	_____AM	_____PM	_____EVENINGS
WEDNESDAY	_____AM	_____PM	_____EVENINGS
THURSDAY	_____AM	_____PM	_____EVENINGS
FRIDAY	_____AM	_____PM	_____EVENINGS
SATURDAY	_____AM	_____PM	_____EVENINGS

Participating Children's Name _____ **Age** _____

Please return completed form at next month's meeting or drop-off/mail to:
Julie Farrell 8297 Mapleway Dr., Olmsted Falls, OH 44138

