



## 2016-2017 Playgroup Request Form

Thanks for your interest in SECPTA Playgroups! Please provide the following information and submit the form in person at a SECPTA meeting or to Lydia Kruse at [playgroups@secpta.net](mailto:playgroups@secpta.net). If you have questions, please contact Lydia at [playgroups@secpta.net](mailto:playgroups@secpta.net).

Parent Name(s): \_\_\_\_\_

Cell phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Child(ren) who will be participating in the playgroup:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Male / Female

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Male / Female

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Male / Female

Please mark an X through days and times when you **cannot** meet with a Playgroup. If you have a preference for a day/time to meet with a Playgroup, please indicate your first & second preference for playgroup times by writing a 1 & 2 in the appropriate boxes.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Would you be willing to be the group's leader (responsible for communicating with the SECPTA Playgroups Chair and providing immediate support to the group, as needed)? Yes / No

How do you prefer to communicate with other Playgroup members (circle all that apply)?

Text / Email / Private facebook group

How frequently would you like to meet with a Playgroup? \_\_\_\_\_ time(s) per month

Please provide any additional information that might be relevant to your Playgroups experience:

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