

REGISTRATION FORM

1. Please CIRCLE the program you would like:

Safety Kids

Tag is a Ticket Home

Out of Control Kittens

Kind Kids

2. **Please fill out your top 4 choices of Days & Times for your classroom visit.**

First Choice Date _____ Time _____

Second Choice Date _____ Time _____

Third Choice Date _____ Time _____

Fourth Choice Date _____ Time _____

3. **Please fill in your contact and class information:**

School Name: _____

School Address: _____

City _____ State _____ Zip _____

Teacher Name: _____

Teachers Email: _____

Teachers Phone Number: (____) _____

Grade Level: _____ Class Size: _____

Please list any special considerations that need to be made or special topics you would like covered in the classroom presentation: _____

If possible, would you like an animal to come as part of the classroom presentation?

For Staff Use:

Date Received: _____

Confirmed Visit Date: _____

NOTES: