

Parents of Tots Playgroup

Sign-up form

Parent's Name:

Telephone (home, cell):

Address:

email:

Child's name:

Date of Birth:

Boy/Girl:

Day and time preferences:

Any allergies or fears that you would like to be considered?
(i.e. large dogs, peanuts, milk, etc.)

Will any siblings be joining in?
If yes, name, birth date, and gender:

Acceptable locations:

Wakefield Stoneham Reading North Reading Lynnfield

Melrose Malden Saugus Peabody Woburn Revere

Are you a current PoT member?
(not required to join a playgroup)

How did you hear about PoT playgroups?

- Newsletter
- Newspaper ad (which paper?)
- PoT website
- Friend (name)
- Other (please specify)

Comments/Suggestions/Concerns: