

Child's name: _____

Would you like your child's name to be included in the UTCS Directory?

Yes

No

Parent's signature: _____ Date: _____

If yes:

What further information would you like to be included in the directory? Please check all that apply.

Parent 1 name

Parent 1 phone

Parent 1 email

Parent 2 name

Parent 2 phone

Parent 2 email

Neighborhood: _____