Visioning Day 2017

Group Registration Form

Primary Contact's Name:

Program Affiliation:

Phone Number:

Email:

Number of Estimated Attendees:

Staff: _____ Parents: _____ Volunteers: _____

Children (by age): < 6 months: ____; 6 mo-1 year: ____; 1-3 years: ____; 3-5 yrs: ____; 5-10: _____

10+ ____

Please submit pre-registration forms for children found at www.homesforfamilies.org.

Please note: if your group is bringing more than 5 children, if possible, we ask that you have a staff person available to support with childcare during the event (for every 5 children, we need 1 adult). We will have child care volunteers, but we may need your support as well to make Visioning Day a safe and successful event!

List Adult Attendees (please put a star (*) next to the names of any adults who are volunteers below and provide their email address and phone if possible):

Staff , Parent, or Volunteer	Name	Email (optional)	Phone (optional)

Please return via email to epeck@homesforfamilies.org or fax to 617.523.1553