



OST Family Participation Form

Do you have a special skill or talent that you would like to share with your child's classroom or program? If so, TCDN welcomes families to participate in our programs. Please select any item that you would like to participate in at your child's center.

Parent/Guardian: _____ Child Name: _____

Email Address: _____

_____ I/ We would be interested in helping during parties and other social events.

_____ I/ We would be interested in reading or telling stories to the children.

_____ I/ We would like to share a collection, special interest, or hobby with the children.

_____ I/We have a pet _____, we would be glad to bring to school for show and tell.

_____ I/We would be interested in joining the Parent Teacher Organization (PTO)

_____ I/We would be interested in learning more about TCDN Board of Directors Membership.

_____ I/ We would be interested in joining the Communications Task Force

_____ I/ We would be interested in joining the DEI Task Force

Please list any additional ways that you would like to participate in our program:

