



## 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 you want to participate in at your child's center.

Parent/Guardian: \_\_\_\_\_ Child Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

- \_\_\_\_\_ I am interested in helping during parties and other social events.
- \_\_\_\_\_ I am interested in reading or telling stories to the children.
- \_\_\_\_\_ I would like to share a collection, special interest, or hobby with the children.
- \_\_\_\_\_ I am interested in joining the Parent Teacher Organization (PTO)
- \_\_\_\_\_ I am interested in learning more about TCDN Board of Directors Membership.

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

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