

Playgroup Informational Sheet – please return to Stacy O’Keefe at jsokeefe@sbcglobal.net

Name:

Address:

Phone:

E-mail:

Please select which type of playgroup you are looking for:

Playgroup with siblings (will include multiple ages)*

Playgroup for individual child

Children’s Names, Ages & Birthdates:

*Note: If you are looking for a group w/ siblings, we will do our best to match all ages as closely as possible.

Do you or your child(ren) have any pet allergies or fears?

Yes

No

Do you have any pets in your home? If so, what type?

Yes

No

How often are you looking to meet with your playgroup?

Weekly

Bi-weekly

Monthly

What is your availability/desire to meet on the following days? Please circle all available times in order to assist in finding a playgroup that meets your schedule. Feel free to include the hours that work best for you, if needed.

Monday: Morning Afternoon Not Available

Tuesday: Morning Afternoon Not Available

Wednesday: Morning Afternoon Not Available

Thursday: Morning Afternoon Not Available

Friday: Morning Afternoon Not Available

Saturday: Morning Afternoon Not Available

Would you be interested in occasional activities that included all playgroups?

Yes

No

Other special needs or comments: