



# Interest / Registration Form

In your school, the Families and Schools Together® (FAST®) program is managed by Turning Points for Children in collaboration with the School District of Philadelphia, with support and expertise provided by the nonprofit FAST, Inc.

The FAST® program aims to—

- Build and strengthen bridges between home and school—to support K-2 children and their learning
- Empower adults and children with new skills
- Expand parent networks
- Improve school climate

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*By completing this form I am indicating my interest in obtaining more information about the Families and Schools Together (FAST) Program. I give my consent for a FAST team member to contact me about my family's participation in the program. This team member may be a volunteer, school staff member, a community representative, or a Turning Points for Children staff person. I am aware that I may call (267) 236-1540 or (215) 400-6716, if I have questions.*

**Parent / Guardian Name (PRINT)**

**Parent / Guardian SIGNATURE**

**DATE**

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***What are you interested in? (Check one or both.)***

Information about FAST.

Register for FAST at my school.

**What school does your child attend? (Circle one.)**

Alexander Adaire

Ethan Allen

Mary McLeod Bethune

Jay Cooke

William Cramp

William Dick

Ellwood

Louis H. Farrell

Thomas K. Finletter

Benjamin Franklin

Edward Gideon

Samuel Gompers

Horatio B. Hackett

John H. Hartranft

William D. Kelley

Robert E. Lamberton

Anna L. Lingelbach

Mayfair

John F. McCloskey

William McKinley

Olney

Robert B. Pollock

Isaac A. Sheppard

Allen M. Stearne

Edward Steel

John H. Taggart

Bayard Taylor

Laura W. Waring

John Welsh

William H. Ziegler

**What grade is your child in for the 2014-15 school year?**

Kindergarten      Teacher Name or Room Number: \_\_\_\_\_

Grade 1      Teacher Name or Room Number: \_\_\_\_\_

**What is your relationship to the child listed above?**

Mother       Father       Grandparent       Sibling       Other: \_\_\_\_\_

**What is your child's name? (Please write name, *as it is known in the school office.*)**

First:

Middle Name / Initial:

Last:

**What is your phone number?** A school team member will ONLY use this information to follow up with you regarding FAST. This information will not be shared.

**What is your address?** A school team member will ONLY use this information to follow up with you regarding FAST. This information will not be shared.

**Which time works best for your family to attend FAST at your school?** Some schools are still deciding program times. Your team is trying to make the best decision for as many families as possible.

- Immediately after school dismissal (usually around 3:15 or 3:30)
- A little later (possibly around 5:00 or 5:15) to accommodate my family's schedule (activities, work, etc.)

**Please share any food allergies or other concerns that you would like to have addressed.**