

# Little Feet All School Directory

Our family

**would / would not** (circle one)

like to be included in the Little Feet School Directory for the \_\_\_\_\_ (add year) school year.

Family Name: \_\_\_\_\_

Parent's Names: \_\_\_\_\_

Student('s) Name(s) and Class(es): \_\_\_\_\_

Student's school location: (circle all the apply): **Shiloh Falls Road Grace Westminster**

**Please provide below the information you would like to share with the other families at our schools**

Family Name: \_\_\_\_\_

Student('s) Name(s): \_\_\_\_\_

Parent 1 Name: \_\_\_\_\_

Parent 1 Phone Number: \_\_\_\_\_

Parent 1 Email: \_\_\_\_\_

Parent 2 Name: \_\_\_\_\_

Parent 2 Phone Number: \_\_\_\_\_

Parent 2 Email: \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_