



Parent-Child Mother Goose Program®  
**INFORMATION PAGE**

Date: \_\_\_\_\_ Location of Program: \_\_\_\_\_

Your Name: \_\_\_\_\_

Your child(ren)'s name(s):

Date(s) of Birth:

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Do you have other children at home?

Home Telephone#:

When is a good time to call you?

**If you wish to, please share the following information with us**

Street Address, with Postal Code: \_\_\_\_\_

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Languages spoken at home: \_\_\_\_\_

Do you or your child(ren) have any allergies, or foods that you do not eat?

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How did you hear about the Parent-Child Mother Goose Program®?

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Other programs that you attend with your child(ren)?

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Parent-Child Mother Goose Program respects your privacy. We use the information you give us to help us deliver the program and to keep in touch with you while you are in the program. For the full P-CMGP Privacy Statement or for more information, please call us at 416.588.5234 or e-mail us at [mgoose@web.net](mailto:mgoose@web.net).