

HIES & Decoda's Raise-a-Reader Program Present a **FREE** Event for Pre-School Children & Their Families **Early Literacy Story Time Registration Form**

Last Name: _____
First Name(s) of parents attending: _____
Child's name(s): _____
Age(s): _____
Email contact: _____
Phone: _____
Food allergies/restrictions: _____

**ALL EVENTS WILL TAKE PLACE AT ROOM TO GROW ON SATURDAYS FROM 10-11:15 AM*

I/we consent to the use of any photographs taken during this program to be used by Hornby Island Education Society for program promotion & funding purposes.

- Yes
 No

Name: _____
Signature : _____
Date: _____

Registration in a Hornby Island Education Society (HIES) program provides automatic membership for two years in the Society **unless** you would prefer to opt out.

- I wish to OPT OUT of being a member of HIES.

*PLEASE EMAIL FORMS BACK TO JENNIVIEVE: hiesliteracyoutreachcoor@gmail.com or drop off in the HIES box at the free post.



