



Early Childhood Program Request Form

Name of person coordinating program: _____

Email: _____ Best Phone Number: _____

Name of School: _____

School Address: : _____

City: _____ Zip: _____

Main School Phone Number: _____

Number of presentations being requested: _____

Grade Level/Age if Preschool _____

Number of sections per grade: _____

Number of students per section: _____

Type of presentation requested: Virtual Pre-recorded Video

If virtual, what media platform do you use (Google, Zoom, other, please specify)? : _____

Are students learning : In person Virtually Mixed

If applicable, date of last year's presentation(s): _____

Preferred month and days of the week: _____

Additional Information: _____