



Parent-Child Reading Enhancement Program (PCREP) REGISTRATION FORM – FREE ADMISSION

Name: _____

Home Phone: _____ Work Phone: _____ Mobile: _____

E-mail: _____

Address: _____
City State Zip Code

Child's Name: _____ Child's Age: _____

School Name: _____ Last School Grade completed: _____

Food Allergies: _____

How did you hear about PCREP? _____

Emergency Contact: _____ Phone: _____

Which of these categories best describes your total combined family income for 2016?

- | | |
|---------------------------------|---------------------------------|
| _____ Less than \$5,000 | _____ \$25,000 through \$34,999 |
| _____ \$5,000 through \$11,999 | _____ \$35,000 through \$49,999 |
| _____ \$12,000 through \$15,999 | _____ \$50,000 through \$74,999 |
| _____ \$16,000 through \$24,999 | |

Mail or fax your registration form to Ronnie Humphrey at: Alabama Cooperative Extension System, Alabama A&M University. P.O. Box 967, Normal, AL 35810 / Fax: 256-372-5840

For additional information, please contact Ronnie Humphrey at 256-372-4969/email: ronnie.humphrey@aamu.edu or Dr. Dorothy Brandon 256-372-5840/email: dpb0010@aces.edu. Or visit our website at www.aces.edu/urban/PCREP/.

I understand that the information collected (i.e. survey responses, literacy assessment data, and questionnaire results) as a result of PCREP classes will be used to review the program on an ongoing basis and provide feedback to United States Department of Agriculture for future planning and programming. I hereby authorize PCREP to take photographs of my child named in this application during PCREP activities, and to display and otherwise use these photographs without charge solely for the purpose of publicity/promotional material in connection with the program.

Parent's Signature: _____ Date: _____