

**A Place To Grow**  
**E-Mail Message Service**

\_\_\_\_\_ No, I do not want to participate in the e-mail message service.

\_\_\_\_\_ Yes, I would like to participate in the e-mail message service.

Parent's/Guardian's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Child's Classroom: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date