



## Request SWANCC's Early Childhood Program

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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: \_\_\_\_\_

Student arrival and departure time from school: arrival \_\_\_\_\_ departure \_\_\_\_\_

Time constraints such as lunchtime, specials, etc.: \_\_\_\_\_

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

Preferred month and days of the week: \_\_\_\_\_

Name or room number of the central location in which the program will be presented:

\_\_\_\_\_

Please email to Teresa Greinig at [theresa@swancc.org](mailto:theresa@swancc.org).