

## KOHL CHILDREN'S MUSEUM OF GREATER CHICAGO

Early Math Education Initiative 2017-2018

## **CONFIRMATION FORM**

| Participants Name:                                   |                     |     |
|--|---------------------|-----|
| Daycare Center Name:                                 |                     |     |
| Daycare Center Address:                              | City                | Zip |
| Daycare Center Phone #:                              |                     |     |
| Daycare Center Fax#:                                 |                     |     |
| Home Address:  |                     |     |
| Home/Cell Phone #:                                   |                     |     |
| Email Address:                                       |                     |     |
| Gateway ID #:  |                     |     |
| Van Lauren da mantinia da in dea Fanto Made Lati     | -40                 |     |
| Yes, I agree to participate in the Early Math Initia | ative               |     |
| No, I am not interested in participating in the Ear  | rly Math Initiative |     |

Please return this form to Teresa Ruvalcaba at Kohl Children's Museum via fax or email f: (847) 724-6469 e: <a href="mailto:truvalcaba@kohlchildrensmuseum.org">truvalcaba@kohlchildrensmuseum.org</a>, no later than <a href="mailto:october 6">October 6</a>, <a href="mailto:2018">2018</a> to be eligible to participate in the program.