

WE live in the Ozark School District and we would like to participate in your Parents as Teachers program. Please contact us about the services you offer. (Please complete this form electronically and email to

lesliebaca@ozarktigers.org OR mail completed form to Tiger Paw Early Childhood Center, Attn.: Parents As Teachers, 202 N. 4th Ave, Ozark, MO 65721.)

Mother First Name: _____ Mother LastName: _____

Father First Name: _____ Father Last Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Prefix: 417 Phone# _____ Prefix: 417 Phone# _____

Email: _____

@gmail.com @att.net @hotmail.com @yahoo.com @sbcglobal.net @charter.net @aol.com

Child's
First/Middle/Last Name: _____ D.O.B. _____ Male or Female

Child's
First/Middle/Last Name: _____ D.O.B. _____ Male or Female

Child's
First/Middle/Last Name: _____ D.O.B. _____ Male or Female

When Available for Educator Visits (mark all that apply): Day Evening Saturday

Comments or Concerns: