FPCP Parent Ed Alternatives

Name:_____Date:_____
Child:_____Class: _____

Please check all that apply.

___ Attended a Board Meeting Date:_____
___ Attended a Class Coffee Date:_____
___ CPR/First Aid Certification (attach copy)
___ Read Parenting/Child Development Book
Name of Book:_____
Author:_____
___ Attended a program in the community which relates to Parenting or Child Development Program:_____
Sponsor/Presenter:_____
Date of Program:_____
___ Submitted a Newsletter Article
Topic:_____
Date Submitted:_____

Please write a description of your parent ed alternative (may continue on back):

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Would you recommend this to other parents or FPCP members?
_____ yes _____no

Why or Why not? _____
_____

Please return completed form to Laura Haan. Thanks for your participation!