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**Raceview State School**

**Books for Babies**

**Form for registering and invite to assembly.**

**Parents name:** Click or tap here to enter text.

**Raceview SS Student’s name:** Click or tap here to enter text. **Year Level:** Click or tap here to enter text.

**New babies name:** Click or tap here to enter text.

**Preferred week/s to attend assembly**

|  |
| --- |
| **Monday Week 1** |[ ]
| **Monday Week 2** |[ ]
| **Monday Week 3** |[ ]
| **Monday Week 4** |[ ]
| **Monday Week 5** |[ ]
| **Monday Week 6** |[ ]
| **Monday Week 7** |[ ]
| **Monday Week 8** |[ ]
| **Monday Week 9** |[ ]
| **Monday Week 10** |[ ]

**Preferred contact (Please select one): PHONE** [ ]  **EMAIL** [ ]

**We will confirm your attendance via your preferred contact method.**

We look forward to seeing you here at Raceview SS!!

