

# S.E.P.A.C. Registration Form

Date \_\_\_\_\_

Your Name \_\_\_\_\_

Child(ren)'s name(s) and birthdate(s) and special need/ diagnosis:

Address/City/Zip Code \_\_\_\_\_

Phone number \_\_\_\_\_ email address \_\_\_\_\_

School(s) \_\_\_\_\_

May we print this information to share with other SEPAC parents? Yes/ No

I am a:

Parent  Educator  Other \_\_\_\_\_

We are a military family:

No  Yes, active duty  Yes, retired

How did you hear about SEPAC?

School Newsletter  Teacher  Friend  Brochure  Other \_\_\_\_\_

Would you like monthly reminders about SEPAC meetings? Yes/ No

Phone call  Email

Do you have any current concerns about your child's education? Yes/ No

Please explain... \_\_\_\_\_

What topics would you like to hear more about at SEPAC meetings? \_\_\_\_\_

Areas in which I have experience: \_\_\_\_\_

Areas of my expertise/ Speaker suggestions: \_\_\_\_\_

In what area(s) would you be able to provide assistance to SEPAC?

Library/ Resource support

Help with Social Activities

Reminder phone calls

Bring refreshments

Help with Special in Education Night

New family mentor

Join monthly planning team meetings, on the 1st Tuesday at 6:15 pm

Other comments:

Please send this form to:

CKSD SEPAC, c/o Special Services, PO Box 8, Silverdale, WA 98383

Any questions- Please contact SEPAC's Co-Chairs:

John Burch, 981-4888 , [jburch@capturedtime.org](mailto:jburch@capturedtime.org) or

Sharon Dommermuth , 308-0187, [theupside@comcast.net](mailto:theupside@comcast.net)