



Visiting Classroom Information Worksheet

Please fill out the information below and send this worksheet back with your program agreement by mail or fax at 949-496-4296, Attn: Jonathan Witt. This will help ensure better communication between our staff and your staff on the day of the program.

Program modifications for the three sessions may be requested to meet the individual needs of your school. Prices vary depending upon request.

1. Maximum student count: 30 per 50 – minute session.
2. Maximum sessions per program day: 3
3. On the scheduled day of the program, please provide a loading zone and parking space.
4. Confirm where the program will take place.

Classroom Multi-purpose room Library Other: _____

**Table, chairs, and a sink are required for all programs*

School Name:

Lead Teacher Name:

School Phone:

Individual Class Information

Teacher Name:

Grade Level:

Number of Students:

Session Time:

Teacher Name:

Grade Level:

Number of Students:

Session Time:

Teacher Name:

Grade Level:

Number of Students:

Session Time: