2026-2027 PARENT RESOURCE FORM **THE CENTER FOR CREATIVE LEARNING**

Parents are one of our greatest resources. Please complete this form and return it to the CCL.
Only one form required per family

Father/Guardian's Name_____

Address_____

City, State, Zip_____

Occupation _____

Company _____

Phone _____Cell _____

E-mail _____

Mother/Guardian's Name_____

Address_____

City, State, Zip_____

Occupation _____

Company _____

Phone _____Cell _____

E-mail _____

Please check each area in which you would be willing to provide community service to the CCL.

___Volunteer in CCL Classrooms ____Serve as company liaison to the CCL

___Volunteer as guest speaker ___ Host field trips at your company

___Career Fair ___ High School Career Shadowing / Mentoring

Interests/Hobbies:

_____

_____

_____

___Volunteer in CCL Classrooms ____Serve as company liaison to the CCL

___Volunteer as guest speaker ___ Host field trips at your company

___Career Fair ___ High School Career Shadowing / Mentoring

Interests/Hobbies:

_____

_____

_____

Please provide the names and grades of your children who attend this school:

Name	**Grade**

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Rockwood School District