

**GNMC Playgroups** are designed to allow children and Moms to interact in age-appropriate groups. Groups may contain 3-8 children and meet once a week for 1-2 hours. Playgroups will be held at mutually agreed upon locations such as mom's homes, libraries, playgrounds, etc.

**Playgroup Leader Role:** The playgroup leader coordinates the meeting schedule and location for the group. They are also the main contact for both group members and the playgroup committee.

**GNMC Member Name:** \_\_\_\_\_ (you must be a member to join a playgroup)

Are you willing to be a Playgroup Leader?  Yes  No

Phone number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

How do you prefer to be contacted?  Email  Phone  Either

Age Group: (Please circle one)						
Child's Name: _____	0-12 mos	1-2yrs	2-3yrs	3-4 yrs	4-5yrs	
Gender: <input type="checkbox"/> M <input type="checkbox"/> F	(Please circle all that apply)					
Days this child is available for playgroup:	Mon	Tue	Wed	Thu	Fri	Sat
For each day, what time is best:	am / pm	am / pm	am / pm	am / pm	am / pm	am / pm
Allergies/Special Concerns? <input type="checkbox"/> Yes <input type="checkbox"/> No	Describe: _____					

Age Group: (Please circle one)						
Child's Name: _____	0-12 mos	1-2yrs	2-3yrs	3-4 yrs	4-5yrs	
Gender: <input type="checkbox"/> M <input type="checkbox"/> F	(Please circle all that apply)					
Days this child is available for playgroup:	Mon	Tue	Wed	Thu	Fri	Sat
For each day, what time is best:	am / pm	am / pm	am / pm	am / pm	am / pm	am / pm
Allergies/Special Concerns? <input type="checkbox"/> Yes <input type="checkbox"/> No	Describe: _____					

Age Group: (Please circle one)						
Child's Name: _____	0-12 mos	1-2yrs	2-3yrs	3-4 yrs	4-5yrs	
Gender: <input type="checkbox"/> M <input type="checkbox"/> F	(Please circle all that apply)					
Days this child is available for playgroup:	Mon	Tue	Wed	Thu	Fri	Sat
For each day, what time is best:	am / pm	am / pm	am / pm	am / pm	am / pm	am / pm
Allergies/Special Concerns? <input type="checkbox"/> Yes <input type="checkbox"/> No	Describe: _____					

Do you have pets?  Yes  No Describe: \_\_\_\_\_

Does anyone smoke in your home?  Yes  No

Any other concerns?  Yes  No Describe: \_\_\_\_\_

**To enter a playgroup, please complete this form and mail it to:**

Greater Nashua Mothers Club  
ATTN: Playgroup Coordinator  
P.O. Box 124  
Nashua, NH 03061

Or email the information to [playgroups@greaternashuamothersclub.com](mailto:playgroups@greaternashuamothersclub.com)