

CROP Fall 2020 Survey

Child's name _____

Child's grade _____

Parent/guardian name _____

Please indicate the after school activities that you'd like your child to participate in this fall:

___ Fun project kits/activities for my child

*These will be sent home or delivered to your child(ren), monthly

___ Project kits and virtual visits from CROP Partners (Cornell Cooperative Extension, Farmer's Museum, etc.) as available

___ Traditional CROP where students stay at school from 3-5.

Parents pick-up preferred (PICK UP BY 5:15) or bus

Please Circle one: pick-up Bus