

PARENT PARTICIPATION FORM

DATE: _____

Parent Name: _____ **Child's Name:** _____

Teacher: _____

Please circle the month for which this form is being completed:

Sept. Oct. Nov. Dec. Jan. Feb. Mar. Apr. May. June. July. Aug.

Check the volunteer activity below and fill- in the number of hours for each activity.

Please return the completed form to the teacher or the front office.

Activity	Numbers of hours
<input type="checkbox"/> I prepared the newsletter.	_____
<input type="checkbox"/> I worked in the library.	_____
<input type="checkbox"/> I typed/ copied materials for the school.	_____
<input type="checkbox"/> I helped at Saturday Parent Participation Day.	_____
<input type="checkbox"/> I did carpentry / repair work in the classroom.	_____
<input type="checkbox"/> I monitored children at naptime for staff meeting.	_____
<input type="checkbox"/> I completed a special project for the children to use at school.	_____
<input type="checkbox"/> I attended the _____ field trip.	_____
<input type="checkbox"/> I worked on the _____ committee.	_____
<input type="checkbox"/> Washing rugs, mats. (1hr)	_____
<input type="checkbox"/> Pencil sharpening, paper cutting. (30 min)	_____
<input type="checkbox"/> Coloring Language Cards. (Specify)	_____
<input type="checkbox"/> Other activities: please specify: _____	_____
<input type="checkbox"/> Special Events (i.e. Holiday Bazaar)	_____
Total numbers of hours completed.	_____