

PARENT VOLUNTEER FORM

2015 - 2016

If you would like to volunteer in your child's classroom,
please fill out this form and return it to your child's teacher.

Teacher _____ Class MWF M-F TT PREK

Child's Name _____

Parent's Name _____

Email address _____

Phone hm _____ cell _____

Day of the week that works best for you _____

What would you like to come in and help with?

Read a Story _____

Craft _____

Other _____

You can also come in and help with a classroom party!

Room Mom _____

Halloween _____

Christmas _____

Easter _____

Parents that volunteer once per month or more on a consistent basis
must fill out DCFS paperwork and go through the background check process.

Please see the Director to complete this. Thank you so much.