

Donation/Volunteer Sign-Up Form

Please Complete & Return to School!

SNACK

I would like to contribute SNACK to my child's class on the following day(s):

1st Choice: Monday Tuesday Wednesday Thursday Friday

2nd Choice: Monday Tuesday Wednesday Thursday Friday

ANY DAY IS OKAY

1 x per week 1 x per month 2 x per month 1 x per semester

LUNCH PARENT

I would like to volunteer to help with LUNCH on the following day(s):

1st Choice: Monday Tuesday Wednesday Thursday Friday

2nd Choice: Monday Tuesday Wednesday Thursday Friday

ANY DAY IS OKAY

1 x per week 1 x per month 2 x per month 1 x per semester

FLOWERS

I would like to contribute FLOWERS on Mondays with the following frequency:

1 x per week 1 x per month 2 x per month 1 x per semester

Your Name: _____ Your Child's Name: _____

Cottage for which I will be providing snack/flowers/lunch help (please circle 1): C 1 C 2 C 3

If you have a child in each class, please fill out a form for each child!

Please return this form to your teachers by Monday, August 30th