



ATTENTION PARENTS

If you would like to volunteer for any of the following please put a check mark next to the space of interest.

- Publishing or repairing books _____
- Reading Time _____
- Date: _____
- Preparing Materials _____
- Field Trip _____
- Date: _____
- Special Events _____

My Child's Classroom: _____
Any Classroom: _____

Child's Name: _____
Classroom: _____
Parents' / Volunteer Name: _____