

ST. MICHAEL SCHOOL PROGRAM VOLUNTEER REGISTRATION

Parent Name(s) _____

Phone number _____

Please return completed forms
to school office

Email _____

Can we use your email for our "On-Call Volunteer List"? _____ Yes _____ No

Would you like to receive Parent Connections meeting minutes via email? _____ Yes _____ No

_____ will be in grade _____
(child's name)

_____ will be in grade _____

_____ will be in grade _____

_____ will be in grade _____

_____ will be in grade _____

_____ will be in grade _____

If you have multiple children in the same grade, please use their names to indicate your volunteer choices.

Please select TWO choices in the "General" category and TWO choices per child.