

Dear Parents,

It takes every family's involvement through commitment and prayer to make a successful program. Please check what area you family will be able to help spread the gospel message.

_____ I can co-teach a class.

_____ I can serve as a substitute in the classroom.

_____ I can help with social programs.....

(Treats in the Alley/LasPosada/Epiphany/Holy Week etc.)

_____ I can help with music.

_____ I can help cook food: ___ weekly ___ bi-monthly ___ monthly.

_____ I can help serve food: ___ weekly ___ bi-monthly ___ monthly

_____ I can help clean up: ___ weekly ___ bi-monthly ___ monthly.

_____ Other _____

Medical Information

(Please list any medical information/special needs we should know about your child while attending PSR)

Emergency contact _____ Phone _____

Photography Release

I authorize St. Alphonus PSR program to obtain, store and/or use (without payment) any photographs, slides, and/or videotapes of my child/children for public relations.

Parents/guardian signature Date