

## Parent Booster Club

Please take a moment to complete our Parent Booster Club Survey. This survey is to assess our parent's interest to volunteer. Please return the survey to the front receptionist by: \_\_\_\_\_.

Parent's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

First Child's Name: \_\_\_\_\_ Teacher: \_\_\_\_\_

Second Child's Name: \_\_\_\_\_ Teacher: \_\_\_\_\_

Third Child's Name: \_\_\_\_\_ Teacher: \_\_\_\_\_

**Please check each area that would interest you.**

- |  |  |
|--|--|
| <input type="checkbox"/> Room Parent             | <input type="checkbox"/> Field trip Volunteer (4's and Up)   |
| <input type="checkbox"/> Fall Festival           | <input type="checkbox"/> Thanksgiving Feast Luncheon         |
| <input type="checkbox"/> Winter Festival         | <input type="checkbox"/> Teacher Appreciation Week           |
| <input type="checkbox"/> Week of the Young Child | <input type="checkbox"/> Future planning for upcoming events |
| <input type="checkbox"/> Parents Night Out       | <input type="checkbox"/> Summer Barbeque                     |
| <input type="checkbox"/> Story Time              |  |

Other Comments: \_\_\_\_\_

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**Time Available:**

- |                                   |                                     |                                    |                                   |                                 |
|-----------------------------------|-------------------------------------|------------------------------------|-----------------------------------|---------------------------------|
| <input type="checkbox"/> Mornings | <input type="checkbox"/> Lunch Time | <input type="checkbox"/> Evening   | <input type="checkbox"/> Any Time |                                 |
| <input type="checkbox"/> Monday   | <input type="checkbox"/> Tuesday    | <input type="checkbox"/> Wednesday | <input type="checkbox"/> Thursday | <input type="checkbox"/> Friday |