

PLAY & LEARN PARENT QUESTIONNAIRE

Parents are a child's first teachers. We would genuinely benefit from any support or volunteering from you. This can be implemented in various ways. Please take time to fill out this questionnaire to let us know how and when you would be able to participate. Your time and effort will be deeply appreciated.

Child(ren)'s Name(s): _____ Child(ren)'s Class(es): _____

Parent's/Guardian's Name(s): _____ Occupation(s): _____

Hobbies or Special Interests: _____

I would be willing to volunteer in the classroom on the following day(s) and time(s): _____

Please check any of the following you would be willing/able to do:

_____ I would like to come in and read a story to the children.

_____ I would like to come in and do a project (i.e. art, cooking, science, etc.) with the children.

_____ I would like to take things home to cut out, color, or laminate for the class.

_____ I would like to share my occupation or special interest with the children.

_____ I would like to help out with class parties and other special activities.

_____ I would be willing to help out with Staff Appreciation Week in May.

_____ I would be willing to help out with fundraisers and/or seek out local businesses for donations.

_____ I would be willing to help out with small projects around the Center (i.e. spreading playground mulch, assembling toys/equipment, etc.).

Would you be interested in becoming involved in a Parent Organizational Group (POG) to assist in the planning and implementing of Center / family functions? Yes _____ No _____

If so, what days and times are best? _____

Would you be interested in attending parent workshops? Yes _____ No _____

If so, what days and times are best? _____

What topics of interest? _____

Would you be interested in receiving additional information about joining the Play & Learn Committee as a parent representative? Yes _____ No _____

Parent's/Guardian's Signature: _____

Date: _____