PARENT PARTICIPATION FORM

Listed below are specific areas in which you can participate. Do not feel restricted to one area. Be creative and let us know what you are interested in doing, checking all that apply.

( ) Substitute Teacher (to spend time with your child in the classroom and learn more about the Montessori philosophy).

( ) Educational material making. This could be done at home.

( ) Sewing. This involves hand and/or machine sewing.

( ) Explain your occupation (e.g. carpenter, nurse, doctor, pilot, etc.) to the class.

( ) Share your cultural experiences/holidays.

( ) Room Parent (help with children’s functions).

( ) Cultural Arts (assist with teaching art, music, etc.).

( ) Sound Parent. This would involve 1 ½ hours per week working with the children and the sounds that different letters make. There will be a short training session.

( ) Hospitality Parent. Help with parent functions.

( ) Parent Volunteer Coordinator.

( ) Other:

________________________________________________________________________
________________________________________________________________________

Name____________________________________
Daytime Telephone (       ) ____________________

Please return this paper to your child’s teacher as soon as possible. Thank you!