

Kindergarten Parent Helper Survey

I would like to work in the classroom.

Yes _____ AM _____ PM _____ Either _____ No _____

If yes, please indicate the day(s) of the week that you would be available.

Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri. _____

How often do you wish to come in?

Weekly _____ Every other week _____

Would you like to help at home?

Yes _____ No _____

Are you interested in chaperoning field trips?

Yes _____ No _____

Would you be willing to periodically furnish a cooking ingredient or art supply for our projects?

Yes _____ No _____

Name and Phone Number _____

Child's name _____