



## Crescent City Christian School – V.I.P. (Very Involved Parents)

### Parent Information Sheet *and* Volunteer Form

The purpose of this form is to gather information on our students' parents /guardians who are interested in participating in the parent's club organization. The information collected will enable us to: 1) communicate information to you throughout the year; 2) it will identify areas which you express an interest in helping your child's school, and 3) it will assist the VIP Board members in organizing parent volunteers in an effort to meet various needs throughout the year.

Are you New to Crescent City Christian School? **YES / NO**

Date: \_\_\_\_\_

Mother / Guardian & Relationship (Last Name, First Name) _____ Father /Guardian & Relationship (Last Name, First Name ) _____ Home Phone: _____ Mom's Cell # _____ Dad's Cell # _____ Mom's Email: _____ Dad's Email _____	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Student(s) (Last Name, First Name)</th> <th style="text-align: left; border-bottom: 1px solid black;">Grade</th> </tr> </thead> <tbody> <tr> <td>1. _____</td> <td>_____</td> </tr> <tr> <td>2. _____</td> <td>_____</td> </tr> <tr> <td>3. _____</td> <td>_____</td> </tr> <tr> <td>4. _____</td> <td>_____</td> </tr> </tbody> </table> Street Address _____ City _____ State _____ Zip _____	Student(s) (Last Name, First Name)	Grade	1. _____	_____	2. _____	_____	3. _____	_____	4. _____	_____
Student(s) (Last Name, First Name)	Grade										
1. _____	_____										
2. _____	_____										
3. _____	_____										
4. _____	_____										

Below you'll find areas which the VIP organizes. Please mark any areas of interests and a VIP Officer will contact you. By completing this form it in no way commits you to serve. While we love to have every single parent involved we understand it is not always possible. Just let us know and we'll honor your time constraints.

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| <input type="checkbox"/> Room Mother ____ for Grade<br><input type="checkbox"/> Asst Room Mother ____ for Grade<br><input type="checkbox"/> Substitute Teacher _____ for Grade<br><input type="checkbox"/> Teacher Resource (making copies, etc., 1-2 hrs)<br><input type="checkbox"/> Lunch Duty ____ weekly ____ monthly<br><input type="checkbox"/> Fundraisers (Sally Foster, Cookie Dough, more)<br><input type="checkbox"/> School Activities (Art Fest, Science Fair, Field Day, etc)<br><input type="checkbox"/> Special Projects (Move Furn., Assemble Equip, Painting, etc.) | <input type="checkbox"/> Where ever needed<br><u>Athletics (Collect Money, Concessions):</u><br><input type="checkbox"/> Football<br><input type="checkbox"/> Basketball<br><input type="checkbox"/> Baseball<br><input type="checkbox"/> Softball<br><input type="checkbox"/> Volleyball |
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Special Remarks:

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