

The Learning Garden Parent Volunteer/Conference Form

PLEASE COMPLETE THIS FORM AND LET US KNOW WHEN WE CAN CALL ON YOU!

PARENT NAME: _____

PHONE #: _____ EMAIL: _____

NAME OF CHILD(REN): _____

Events:

- Would you be willing to volunteer for events at the center?

Yes

No

If you have any ideas for events or activities, please let us know.

Fundraising:

- Would you like to volunteer with fundraising?

Yes

No

If you have any ideas for fundraising, please let us know.

Parent/Teacher Conferences:

Please check the box of the day of the week and time that would work best for you.

Monday

Morning

Friday

Afternoon

If you have specific things that you would like to discuss during your conferences, please let us know.
