

Saint Raphael Parish School of Religion
PRESCHOOL RELIGION PARENT VOLUNTEER NEEDS
2010-11 School Year

We ask all families enrolled in our Parish School of Religion to volunteer their time in some way during the school year. **PLEASE** consider helping us. Your involvement is a visible witness that Saint Raphael Parish is a community of faith! Your help makes Religious Education possible for over 170 Preschool children who spend time with us each Sunday morning!

Preschool Religion Teacher (Class size will be limited to 12 children.)

9:30 to 10:30 a.m. on Sunday mornings, September 19th - May 22nd.

_____ I am interested in teaching: _____ 3 year olds _____ 4 year olds _____ 5 year olds
 _____ I would like my child assigned to my room. _____ My child would be better in another room.
 I am able to teach _____ each week _____ every other week
 _____ I would be interested in sharing a classroom and TEAM TEACHING.

Substitute Teacher
 Fills in for regular classroom teachers when they are unable to attend class.

Age preference: _____ 3 yr. olds _____ 4 yr. olds _____ 5 yr. olds _____ wherever needed

Classroom Aide
 Directly assists teachers in the classroom. Scheduling is based on teacher's needs and your availability.

Age preference: _____ 3 yr. olds _____ 4 yr. olds _____ 5 yr. olds _____ My child's room
 _____ Weekly _____ Twice a month _____ Once a month

Room Parent
 Provides classroom support for special functions and helps convey needed information from the teacher or Parish Religious Education Office to classroom parents.

Preschool Parent-Teacher Group
 Provides support to the Preschool Religion Program. Activities would include helping with the Adopt-a-Grandparent Christmas collection, the Nativity Pageant, Teacher Appreciation, fundraising and collaborating with the PSR Parent-Teacher Group at parish events.

Other Occasional Tasks (that you can help with at home!)

_____ Mailings _____ Baking _____ Phone calls _____ Cutting /preparing crafts

FAMILY NAME _____ **Children's Names/Ages** _____

Mother's Name _____ Father's Name _____

Street Address _____ City _____

Please indicate your preferred way to be contacted: Home Phone: _____
 Work: _____ Cell: _____ (time of day) _____

or E-mail: _____

Please return this form to the Parish Office with your registration. Thank you!