Oldest or Only Child

Additional CHILDREN Attending School

Last Name	First	Teacher/Grade
Last Name	First	Teacher/Grade
Last Name	First	Teacher/Grade

Family Contact Person

Telephone: Email:

Date	Name of Person	Program/Activity	Time In	Time Out	Total Time	Record

Volunteer Service Hours Total

	July	August	September	October	November	December
Hours						
Dollars						
Gift Cards						

	January	February	March	April	May	June
Hours						
Dollars						
Gift Cards						

Please Use Reverse Side for Donations and Additional Hours

Date	Name of Person Volunteering	Program /Activity	Time In	Time Out	Total Time	

Monetary Donations

ALL ENTRIES MUST HAVE A RECIEPT THAT HAS BEEN SIGNED BY THE TEACHER

Date	Teacher	Description	Amount	Total Hrs	