



Aptakistic-Tripp CCSD 102

1231 Weiland Road, Buffalo Grove, IL 60089-7040

District Office (847) 353-5650, FAX (847) 634-5334

Early Childhood Volunteer Form

Child's Name _____

Parent's Names _____

I would like to volunteer to be a **Room Parent** for the following teacher's classroom:

Mrs. Anstedt am pm

Ms. Aussem am pm

Mrs. Petraitis am pm

Mrs. Wyer am pm

I would like to volunteer to be a **Room Helper** for the following teacher's classroom:

Mrs. Anstedt am pm

Ms. Aussem am pm

Mrs. Petraitis am pm

Mrs. Wyer am pm

My party preference is (number in order of preference (1-3)

____Halloween ____Valentine's day ____End of Year

Please return to you child's teacher on the first day of school