

**PARENT INVOLVEMENT SIGN-UP**

Name \_\_\_\_\_ E-Mail \_\_\_\_\_ Phone \_\_\_\_\_

**You indicated that you would be willing to help with our Summer PRP program by – or please check the areas where you would be willing to help.**

\_\_\_\_\_ **Supervising Recess**

\_\_\_\_\_ **Helping with Snacks**

\_\_\_\_\_ **Helping with Music/or in the Classroom**

\_\_\_\_\_ **Office Assistant**

\_\_\_\_\_ **Substitute Teaching**

**The days that I am available to help are:**

\_\_\_\_\_ **First week every day    Only on these days: M T W TH F  
June 15-19-- 9:00 – 1:00**

\_\_\_\_\_ **Second week every day    Only on these days: M T W TH F  
June 22-26-- 9:00- 1:00**

**In working with children in any capacity in the Archdiocese of Cincinnati, you are REQUIRED to have taken the ARCHDIOCESAN CHILD PROTECTION SEMINAR AND BEEN FINGERPRINTED. Please indicate below:**

\_\_\_\_\_ **Yes, I have attended the seminar**    \_\_\_\_\_ **No, I have not attended the seminar.**

\_\_\_\_\_ **Yes, I have been fingerprinted**    \_\_\_\_\_ **No, I have not been fingerprinted.**

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**PLEASE return this form with your payment so that we can schedule you as a helper. Thank you for your cooperation. It will help us have a quality program.**