



OUR LADY OF PERPETUAL HELP SCHOOL TIME, TALENT AND TREASURE PARENT PARTICIPATION PROGRAM

Family Name: _____ Home Phone: _____ Cell No.: _____

Mother/Guardian Name: _____ Father/Guardian Name: _____

Student Names: _____

What is required?

- Choose your desired events that your family would like to volunteer during the school year
- Participation of 20 hours per year for each family from July 1, 2017 to June 15, 2018.
- **SHARED FAMILIES: O.L.P.H. – 10 hours (\$100.00) and ST. ANN'S ACADEMY – 10 hours (\$150.00)**

PLEASE MARK THREE OR MORE EVENTS THAT INTEREST YOU
Parents please note some dates are subject to change

Event		Event	
FALL EVENT TBA		WALKATHON FRIDAY, APRIL 27th	
FAMILY HALLOWEEN DANCE DATE TBA		FUN FAIR FRIDAY, APRIL 27TH	
VOLLEYBALL TOURNAMENT (CONCESSION)		TRACK MEET CONCESSION FRIDAY, MAY 11th	
BASKETBALL TOURNAMENT (CONCESSION)		CLASSROOM ASSISTANCE	
WEEKLY HOT LUNCH PROGRAM		MONEY COUNTING FOR FUNDRAISING EVENTS	
SPAGHETTI DINNER SAT. NOVEMBER 25th		ONE-TO-ONE READING	
AUCTION COORDINATOR FOR DINNER		VOLUNTEER DRIVER FOR FIELD TRIPS	
ULTIMATE SHOPPING EXPERIENCE NOVEMBER		SCHOOL COUNCIL MEMBER	
SANTA BREAKFAST SAT. DECEMBER 16th		PARENT SUPPORT GROUP EXECUTIVE	
RAFFLE TICKET FUNDRAISER ORGANIZE LICENSE, ETC.		RECYCLING	
YARD CLEAN-UP		REPAIRS & MAINTENANCE	
Other: Please indicate any other area of interest that you may have			

CHECK ONLY ONE AREA BELOW AND SIGN

- I CHOOSE TO** participate in the TTTP Program by completing 20 volunteer hours by June 30, 2018.
My post-dated cheque in the amount of \$200.00 is attached (POST DATE CHEQUE FOR JUNE 15, 2018)

Parent/Guardian Signature: _____

- I CHOOSE NOT** to participate in the TTTP Program at OL.P.H. School.
My cheque in the amount of \$200.00 is attached and dated for September 1, 2017.

Parent/Guardian Signature: _____