



CK Montessori Program Parent Responsibility

Please sign and return to your child's teacher.

Time Commitment: One of the purposes of the Montessori program is to make learning a positive experience and foster independence for lifelong learning. Parent involvement with the Montessori classroom is a key program element. Parents are adult role models and are important in assisting to develop the prepared environment. In working together, more time can be devoted to meeting individual children's needs.

When a child is enrolled in the Montessori program, parents are asked to volunteer a minimum of 4 hours per month for one child or 6 hours for more than one child. In the event you are unable to fulfill your monthly volunteer time commitment, you may purchase volunteer hours for \$10/hour.

Please commit your volunteer hours in one of the following ways:

1. Submit Volunteer Hours with Track it Forward

Please log in your volunteer hours with the app "Track it Forward." You can access a link from our website and create an account at www.ckmpa.org. You can also download this app to your phone for easy access to log your hours.

2. Purchase Volunteer Hours with PayPal

You may pay for your volunteer hours via our PayPal account. Access our link from our website at www.ckmpa.org. If you do pay, we also ask that you log into "Track it Forward" and log your hours as "paid."

When volunteering, always sign in at the main office so they know you are in the building.

Volunteer Opportunities:

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| <input type="checkbox"/> In-class working with students | <input type="checkbox"/> Website Management |
| <input type="checkbox"/> Clerical | <input type="checkbox"/> MPA Bulletin Board |
| <input type="checkbox"/> Field Trip Driver/Chaperone | <input type="checkbox"/> Event Planning |
| <input type="checkbox"/> Art Docent (volunteer art teacher) | <input type="checkbox"/> Gardening |
| <input type="checkbox"/> Computer (typing lists, flyers) | <input type="checkbox"/> Grant writer |
| <input type="checkbox"/> Development of materials | <input type="checkbox"/> Hospitality |
| <input type="checkbox"/> Research (material gathering) | <input type="checkbox"/> Humanitarian projects |
| <input type="checkbox"/> Committee work | <input type="checkbox"/> Office help |
| <input type="checkbox"/> Classroom Coordinator (Room Parent) | <input type="checkbox"/> Lunchroom volunteer |
| <input type="checkbox"/> Classroom Cleaner | <input type="checkbox"/> PTA volunteer |
| <input type="checkbox"/> Montessori materials specialist | <input type="checkbox"/> Instruction in _____ |
| <input type="checkbox"/> Fundraising | (area of specialty) |

I agree to the above: _____ **Date:** _____

Student's Name: _____

Please return to your student's teacher or to the Hawk Elementary Main Office. If you have any questions, email us at mpavolunteercoordinator@gmail.com. Thank you for your time and commitment.