****

**2013-2014 QUEEN OF APOSTLES PTO**

**BACK TO SCHOOL PACKAGE**

***ENCLOSED DOCUMENTS ARE LISTED BELOW.***

***PLEASE SUBMIT ONE PER FAMILY OF EACH FORM:***

* Q of A Directory Permission & Contact Form
* PTO Service Hour Contract
* PTO Dues/Directory Order Form
* Volunteer Opportunities Sign-Up Form
* Hot Lunch Order Form
* Ice Cream Order Form
* Gift-a-Book Order Form

**\*\*\*ALL DOCUMENTS MUST BE COMPLETED AND SUBMITTED BY**

**FRIDAY, SEPTEMBER 6, 2013\*\*\***

**Return with your eldest child to his or her teacher**

**Q of A DIRECTORY & CONTACT FORM**

**2013-2014**

**Program Chair: Audrey Kasenge**

***Please submit this form by Friday, September 6, 2013 .***

*The Queen of Apostles PTO publishes a school directory each year to be used solely for communication within the Q of A family. As always, having your home address and phone numbers printed in the directory is* ***OPTIONAL****. If you do not wish your information to be printed in the directory, please fill in your students’ names and mark “DO NOT PRINT” below. If no selection is made, “PRINT” will be assumed.*

O PRINT O DO NOT PRINT

**STUDENT INFORMATION:**

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_

**MOTHER’S/GUARDIAN’S INFORMATION:**

Same information as last year’s directory? O YES (If yes, please skip this section.) O NO

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work or Cell Phone (only 1 please): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address (only 1 please): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FATHER’S/GUARDIAN’S INFORMATION:**

Same information as last year’s directory? O YES (If yes, please skip this section.) O NO

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work or Cell Phone (only 1 please): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address (only 1 please): \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PTO SERVICE HOUR CONTRACT**

2013-2014

***Please submit this form by Friday, September 6, 2013.***

***We need you. Your kids need you.***

We are all busy, but your child and your child’s total educational experience require your time and your presence. Volunteering during Q of A activities is very rewarding for both you and your child. The PTO offers exciting programs during the school week, as well as special events outside of school hours for students and families to gather and socialize.

O **Each single-parent family, *regardless of how many children are enrolled*, is required to complete twelve (12) service hours per school year. That is only about 1 hour per month.**

O **Each two-parent family, *regardless of how many children are enrolled,* is required to complete twenty-four (24) service hours per school year. That is only about 2 hours per month.**

Service hours are granted for volunteer hours or money spent on school/PTO events, programs, and functions only.

Please notify your Room Parent when you have worked service hours.

An invoice will be issued at the end of the school year for any outstanding volunteer obligations at a rate of $10 per hour.

I/We, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have read and understand the Service Hour Policy.

Check one:

* We are a single-parent family and will complete 12 service hours this school year.
* We are a two-parent family and will complete 24 service hours this school year.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child(s) Name/Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please contact Jenn Allee (alleebunch@sbcglobal.net) if you would like to discuss this requirement. **THANK YOU IN ADVANCE!!**

**\*\*\* VOLUNTEER OPPORTUNITIES ARE INLCUDED IN THIS PACKET\*\*\***

|  |  |  |  |
| --- | --- | --- | --- |
| **Student Name:** |  | **Grade:** |  |
| **Student Name:** |  | **Grade:** |  |
| **Student Name:** |  | **Grade:** |  |
| **Student Name:** |  | **Grade:** |  |

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| --- |
| **PTO DUES** **(MANDATORY)** |
| **PER FAMILY** (fee includes PTO membership, one school directory, and minimum auction contribution) $50**$50****Please place total here:**Additional directories (each) $3**Please place total here:** |
| TOTAL AMOUNT DUE **(Please add amounts in all boxes and place total here)** |
| Total Amount Due **Please place total here:****Checks should be made payable to “Queen of Apostles PTO”** |

|  |  |
| --- | --- |
| **Parent's Name:** |  |
| **Phone Number:** |  |
| **Email:** |  |

Please contact Laura Cayrampoma (lcayrampoma@gmail.com) with any questions concerning this form.