



MSP Parent Involvement Form

In order to receive this credit, parents (or other family members/important people in the student's life) would need combined participation of at least 11-40 hours of parent involvement. **No credit is received for the first 10 volunteer hours**, but the additional hours would receive a \$10.00 credit for each hour of parent involvement (per child), up to 30 hours (30 x \$10.00 = \$300.00 credit). **Please fill out one form per child.**

Please submit the Parent Involvement Form with the dates and times of your volunteer hours to the office **by the last day of this school year and we will *credit your account.** Any involvement before, during, or after an event can be included in your hours, as well as time spent volunteering in the classroom.

***The credit for the volunteer hours listed below will be applied to your account for the next school year, including registration.**

Parent(s) Name: _____ School Year: _____

Child's Name: _____ Child's Class: _____

PARENT INVOLVEMENT ACTIVITY OR MEETING

DATE

TOTAL
HOURS

<input type="checkbox"/>	PTO General Meeting(s) August date: _____ Hours: _____ & May date: _____ Hours: _____		
<input type="checkbox"/>	Back to School Night		
<input type="checkbox"/>	Montessori Math Overview		
<input type="checkbox"/>	Montessori Language Overview		
<input type="checkbox"/>	Round Table Date: _____ Hours: _____ Date: _____ Hours: _____ Date: _____ Hours: _____ Date: _____ Hours: _____ Date: _____ Hours: _____ Date: _____ Hours: _____ Date: _____ Hours: _____ Date: _____ Hours: _____ Date: _____ Hours: _____		
<input type="checkbox"/>	School Picture Days (Ask your child's teacher if you can help.) Date: _____ Hours: _____ Date: _____ Hours: _____ Date: _____ Hours: _____		
<input type="checkbox"/>	Fall Festival-Montessori Drive (Volunteer) - MD (Includes Salsa chopping party, any time spent helping prior to the event, the day of the event, and/or after the event. Date: _____ Hours: _____ Date: _____ Hours: _____ Date: _____ Hours: _____		
<input type="checkbox"/>	Help promote Manna Food Drive		
<input type="checkbox"/>	Kindergarten Overview		
<input type="checkbox"/>	Minithon Date: _____ Hours: _____ Date: _____ Hours: _____ Date: _____ Hours: _____		
<input type="checkbox"/>	MSP Bazaar and Student Shopping Days (Volunteer) - MD Media Center Date: _____ Hours: _____ Date: _____ Hours: _____ Date: _____ Hours: _____		
<input type="checkbox"/>	Christmas Parade Date: _____ Hours: _____ Date: _____ Hours: _____ Date: _____ Hours: _____		
<input type="checkbox"/>	PTO Gala (any preparation and/or day of volunteer time) Date: _____ Hours: _____ Date: _____ Hours: _____ Date: _____ Hours: _____ Date: _____ Hours: _____ Date: _____ Hours: _____ Date: _____ Hours: _____		



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PARENT INVOLVEMENT ACTIVITY OR MEETING		DATE	TOTAL HOURS
<input type="checkbox"/>	Teacher Appreciation Luncheon Date: _____ Hours: _____ Date: _____ Hours: _____ Date: _____ Hours: _____		
<input type="checkbox"/>	PTO Board Member Meetings Date: _____ Hours: _____ Date: _____ Hours: _____ Date: _____ Hours: _____ Date: _____ Hours: _____ Date: _____ Hours: _____ Date: _____ Hours: _____ Date: _____ Hours: _____ Date: _____ Hours: _____ Date: _____ Hours: _____		
<input type="checkbox"/>	Library/Media Center Date: _____ Hours: _____ Date: _____ Hours: _____ Date: _____ Hours: _____		
<input type="checkbox"/>	Playground Maintenance Date: _____ Hours: _____ Date: _____ Hours: _____ Date: _____ Hours: _____		
<input type="checkbox"/>	Campus beautification (gardening, landscaping) Date: _____ Hours: _____ Date: _____ Hours: _____ Date: _____ Hours: _____ Date: _____ Hours: _____ Date: _____ Hours: _____ Date: _____ Hours: _____		
<input type="checkbox"/>	Classroom Photographer Date: _____ Hours: _____ Date: _____ Hours: _____ Date: _____ Hours: _____		
<input type="checkbox"/>	Classroom Projects (i.e. Gala projects) Date: _____ Hours: _____ Date: _____ Hours: _____ Date: _____ Hours: _____		
<input type="checkbox"/>	Book Fair Date: _____ Hours: _____ Date: _____ Hours: _____ Date: _____ Hours: _____		
<input type="checkbox"/>	Moving up Meeting Date: _____ Hours: _____ Date: _____ Hours: _____ Date: _____ Hours: _____		
<input type="checkbox"/>	Classroom Helper (sounds, filing) Date: _____ Hours: _____ Date: _____ Hours: _____ Date: _____ Hours: _____ Date: _____ Hours: _____ Date: _____ Hours: _____ Date: _____ Hours: _____ Date: _____ Hours: _____ Date: _____ Hours: _____ Date: _____ Hours: _____		
<input type="checkbox"/>	Afterschool Activities (coaching, mathcounts, etc.) Date: _____ Hours: _____ Date: _____ Hours: _____ Date: _____ Hours: _____ Date: _____ Hours: _____ Date: _____ Hours: _____ Date: _____ Hours: _____		
<input type="checkbox"/>	OTHER:		
<input type="checkbox"/>	OTHER:		

SIGNATURE: _____ DATE: _____ TOTAL HOURS: _____

Business Office Use:

Approved by: _____ DATE: _____