

Parent Survey/Questionnaire

Parents Name: _____
Phone Number (H) _____ (C) _____
Email address: _____
Child's name: _____ Child's Teacher: _____

_____ I can donate either products or services directly to our PTA.
Please indicate type of donation: _____

_____ I have other family members who can donate to the PTA.
Please list their names and types of donations:

_____ I can contact my employer to contribute to Kennedy (in products, coupons, or money donation).
Please list your employer: _____
Type of donation: _____

_____ My family members can contact their employers for contributions.
Please list each family member's name and employer:

Type of donation: _____

_____ I cannot donate goods or services, but would like to volunteer my time.
I am available (please select)
_____ mornings: (15-20 minutes; 8:00-8:20AM) Collect tickets, money
_____ afternoons: (1 hour; 1:30-2:30PM) Collate tickets; record info
_____ evening of the event: Setting up; concession; raffle tickets & drawing
Planning Committees:
_____ Fundraising
_____ Concession
_____ Setting up/Cleaning Crew