



**FIRST OF THE YEAR INFORMATION  
2017-2018**

|                 |  |            |  |
|-----------------|--|------------|--|
| Student's Name: |  | Classroom: |  |
|-----------------|--|------------|--|

|   |   |
|---|---|
| Mother's Name:  |   |
| Address:  |   |
| Preferred Email:  |   |
| Preferred Phone:  | <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work |
| Occupation:   |   |
| May we include your contact information in the school directory?<br>Address: <input type="checkbox"/> Yes <input type="checkbox"/> No      Email: <input type="checkbox"/> Yes <input type="checkbox"/> No      Phone: <input type="checkbox"/> Yes <input type="checkbox"/> No |   |
| Would you like to receive a text message in the event of a lockdown or school emergency? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, please list cell number <i>(text messaging rates may apply)</i> :  |   |

|   |   |
|---|---|
| Father's Name:  |   |
| Address:  |   |
| Preferred Email:  |   |
| Preferred Phone:  | <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work |
| Occupation:   |   |
| May we include your contact information in the school directory?<br>Address: <input type="checkbox"/> Yes <input type="checkbox"/> No      Email: <input type="checkbox"/> Yes <input type="checkbox"/> No      Phone: <input type="checkbox"/> Yes <input type="checkbox"/> No |   |
| Would you like to receive a text message in the event of a lockdown or school emergency? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, please list cell number <i>(text messaging rates may apply)</i> :  |   |

Parent support is crucial to the success of our school and our events! Thank you in advance for your help to make this a fantastic school year. Please indicate your area(s) of interest:

- |  |   |
|--|---|
| <input type="checkbox"/> Classroom Volunteer     | <input type="checkbox"/> Event Planning <i>(please select below if you have a special interest in a specific event)</i> |
| <input type="checkbox"/> Special Event Volunteer | <input type="checkbox"/> Halloween Trunk-or-Treat   |
| <input type="checkbox"/> Fundraising             | <input type="checkbox"/> Father-Daughter Dance  |
| <input type="checkbox"/> Photography             | <input type="checkbox"/> Mother-Son Event   |
| <input type="checkbox"/> Yearbook                | <input type="checkbox"/> Preschool Palooza  |
| <input type="checkbox"/> Finance/Administration  | <input type="checkbox"/> Trike-a-thon   |
| <input type="checkbox"/> Marketing/Outreach      | <input type="checkbox"/> Teacher Appreciation Week  |

Please share any other talents, hobbies or connections you might be willing to contribute *(e.g. advertising background, face painting, connection to party rentals, etc.)* \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Please be advised that your child may be photographed and/or videotaped at various school-sponsored events.**

I give my permission to have my child's name and/or picture used in print and digital media (including social media), school publications (newsletter, yearbook, website), and marketing materials. I also hereby release Shepherd of the Valley Lutheran Church & Preschool and its agents and employees from all claims, demands, and liabilities whatsoever in connection with the above.  Yes  No

**Parent Signature:** \_\_\_\_\_