



\_\_\_\_\_

**FAMILY Last Name:**

**2016-17**

**SALVATION CHRISTIAN ACADEMY - EDGEWOOD CAMPUS**

Salvation Christian Academy ministry is dependent upon family participation. Each family is expected to give of their time in involvement for a minimum of:

- |   |  |
|---|--|
| 1 <sup>st</sup> student - 12 hours per year | 4 <sup>th</sup> student – 6 hours per year |
| 2 <sup>nd</sup> student – 10 hours per year | 5 <sup>th</sup> student – 4 hours per year |
| 3 <sup>rd</sup> student – 8 hours per year  | 6 <sup>th</sup> student – 2 hours per year |

**2 hours per student must be served during lunch time.** The value of this time is calculated at \$10.00 per hour.

**Parent Name:** \_\_\_\_\_  
*(Last name, First)*

Cell phone number: \_\_\_\_\_

e-mail: \_\_\_\_\_

**I can serve in:**

- |  |   |
|--|---|
| <input type="checkbox"/> School Events (setup) | <input type="checkbox"/> School Events (cook/bake)                            |
| <input type="checkbox"/> Kitchen               | <input type="checkbox"/> Library  |
| <input type="checkbox"/> Teacher Assistant     | <input type="checkbox"/> Choir Assistance                                     |
| <input type="checkbox"/> Office                | <input type="checkbox"/> Janitorial Work <input type="checkbox"/> Maintenance |
| <input type="checkbox"/> Outside Work          | <input type="checkbox"/> Coaching   |
| <input type="checkbox"/> Other: _____          |   |

Please check if only available specific days/time:

- Monday – time: \_\_\_\_\_
- Tuesday – time: \_\_\_\_\_
- Wednesday – time: \_\_\_\_\_
- Thursday – time: \_\_\_\_\_
- Weekend – time: \_\_\_\_\_

**Parent signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_