

**CONTACT INFO FORM
FOR CLASS CONTACT LIST**

Ms/Mrs. _____'s Class

Name of Student: _____

Home Address: _____

Home Phone: _____

Mother's Name: _____

Mother's cell phone: _____

Mother's work phone: _____

Mother's email: _____

Father's Name: _____

Father's cell phone: _____

Father's work phone: _____

Father's email: _____

Father's Address if different than above:

[TEMPLATE LETTER TO PARENTS]

Dear Parents in _____'s class:

My name is _____ (mother of [insert student name]), and I along with _____[insert co-room parent name](mother of _____) will be the Room Parents for this year. Our role is to assist _____[insert teacher's name] in any way we can, facilitate any class projects, plan the class parties, coordinate Teacher Appreciation Week, and purchase class gifts for Ms. _____ [insert teacher's name](holiday, teacher appreciation, end of year, etc.).

We have attached a Class Contact List. Please email any changes to _____ [insert lead room parent email address].

In the interest of not having to ask for repeated donations throughout the course of the school year, we are requesting a one-time voluntary contribution from each family. Grand View's policy with respect to the contribution is based on the number of students in the classroom. For _____ [insert grade level] the voluntary donation is \$____. We believe that this will allow us sufficient funds to cover the costs associated with the above activities.

This year, the class fund donation is one component of the Greater Gator program. To become a Greater Gator, please click [here](#). To be a Greater Gator, you must donate no later than September 30.

If you wish to contribute to the class fund, but prefer to send in a check, please include your donation in the attached envelope (with your name clearly marked on the envelope), and return it back to the classroom. Checks should be made payable to _____[insert lead room parent name].

Currently, there are two parties planned for this year:

_____ [insert party name]: As we get closer to the date, we will send out more information and request for parent volunteers to assist.

END OF YEAR: All ____ graders will have an end of the year party on a date to be determined during the last few weeks of school. Again, when the time comes we will provide more information and ask for parent volunteers to assist us.

Please inform us of any allergies your child may have so we can plan our snacks and treats accordingly.

We will do our best to keep you informed via email on an ongoing basis. Please feel free to email us if you have any questions. Thank you so much for all your support and generosity. We look forward to having a great year!

_____ [insert lead room parent and co names, phone, and email addresses]

Email Questionnaire Examples

birthday?

favorite color?

favorite snack food?

favorite flower?

favorite cookie?

if you had to choose between chocolate and lemon, which would you choose?

favorite candy?

your initials?

favorite holiday?

favorite food?

favorite cold drink?

are you a coffee or tea drinker?

if yes, what is your favorite type/flavor?

what are your hobbies?

favorite music?

what do you love to do when you have free time?

KEEPING TRACK OF MONEY SPENT

_____ (insert teacher name)

Class Fund Disbursements

TOTAL AMOUNT RECEIVED: \$ _____

DISBURSEMENTS:

September

October

November

December

 Holiday gift for teacher: \$ _____

 (Holiday gift for aide:) \$ _____

January

February

March

April

May

 Teacher Appreciation: \$ _____

 (Aide Appreciation:) \$ _____

June

 End of Year Teacher Gift: \$ _____

 (End of Year Aide Gift:) \$ _____

 End of Year Class Party: \$ _____